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ORIGINAL COMMUNICATIONS.

IS LEPROSY CONTAGIOUS?

BY E. M. HEISTAND, M.D.

CONSIDERABLE excitement has arisen in Philadelphia over the discovery that two cases of leprosy have been imported to Philadelphia from South America, and, being placed under the care of Dr. Van Harlingen, a specialist in skin diseases, have been kept here in concealment. Dr. Ford, a member of the Board of Health in this city, has brought these facts to public notice, although certain medical men besides Dr. Van Harlingen have known for six or eight months of the existence of the cases in our midst. The unfortunate victims are both women, well connected, and in good circumstances. They are being cared for secretly by their friends, and Dr. Van Harlingen claims that their presence here is no occasion for alarm to the community. On this point we disagree with him, although the opinion of the great Dr. Hebra, of Vienna, is cited to prove that leprosy is only in a limited degree contagious. "In my opinion," says Dr. Van Harlingen, "the disease is contagious, but in a very low degree, and the fact that a number of lepers have at different times within the last ten years gone in and out of our city without restraint upon their movements, and without any case of contagion occurring, indicates that there can be no great danger from the disease."

As a matter of fact, the greatest danger from the disease arises from this false security. The ancient horror of leprosy has, it is true, been modified through the ministrations of science, but physicians of the present day are rather prone to overestimate the result of their skill. The disposition of the day is to claim rather too much for science, to promise more than she can perform. The great Norwegian physicians, Daniellson and Bock, who had ample opportunity to study leprosy, as the disease prevails in Norway to some extent, said some years ago: "Our whole theory of lepra rests incontestably upon the sad fact that within the bounds where it commits its ravages, it can be made harmless to the rest of the people only by isolation." In a forthcoming book on "Diseases of the Skin," Dr. John V. Shoemaker, also, says: "Humiliating and lamentable as the admission is, it must be acknowledged that leprosy is absolutely incurable, and that the safety of the community can only be secured by the segregation of every person who may become affected by it."

In the same work, treating the subject of leprosy in a special chapter, Dr. Shoemaker defines the disease as "a chronic, malignant, contagious, constitutional disease," and goes extensively into its etiology. Pertinent facts at this point are deduced from history. "Forty years ago," says Dr. Shoemaker, "leprosy was introduced into the Sandwich Islands by two Chinese coolies; now, over forty-five hundred persons, or one-tenth of the total population, are victims of the disease. In 1805 there were three lepers on the Island of Trinidad; in 1878 there were eight hundred and sixty. In Norway, on the other hand, where a rigid system of isolation is enforced, the number of lepers has decreased fifty per cent. within the past twenty years."

If these facts do not imply contagion, we are at a loss to explain them. Many eminent authorities have divergent theories about the contagiousness of leprosy, but the facts remain as stated. No one has as yet presumed to explain the exact manner in which leprosy is contracted, or under what conditions. It is true that, in many instances, persons have lived in the most intimate relations with lepers and yet have escaped contagion. But this fact is a dangerous argument against the theory of contagium, for, on the other hand, there have been one or two notable cases in the United States where leprosy has been contracted without any apparent cause or source of contagium. The fact is that we know as yet too little about the disease to proceed with it on the basis of opinion. Perhaps somebody thought the leprous Chinese coolies in Hawaii harmless victims of a non-contagious disease; but leprosy is no respecter of scientific theories. For this reason, we think Dr. Van Harlingen is wrong in carrying his own convictions to the point of keeping lepers in the midst of the community, however sure he may feel of his own ground. In this country, experience with leprosy is so limited that the most skillful are still operating upon a theoretical basis, and, in the face of such conflicting opinion, no man has a right, however honest and earnest he may be, to pursue a pet theory at a recognized risk to the community at large. We say this with a due sense of the terrible fate such views entail upon the victims of leprosy. It is a hard thing to condemn a fellow creature to hopeless isolation. It is hard to put many a maniac in chains and a strait jacket; but one must suffer for the good of the many, and great emergencies must be met by heroic treatment. It is in our opinion a dangerous and a very wrong thing to permit the secretion of two lepers in our midst, even though the disease is in its incipiency. In Japan, where the disease is well known, the very first manifestations, which are in the nature of obscure symptoms much in advance of the cutaneous affection, are considered sufficient to warrant isolation. The experienced physicians in countries where leprosy is endemic, would almost as soon think of keeping cholera and yellow fever patients in the midst of the community as to fail in segregating any stage of leprosy. Dr. Van Harlingen seems disposed to resent the interference of Dr. Ford in this matter; but, while we appreciate the former's belief in the justice of his methods, and especially his humanitarian motives, we think that the lepers ought to be removed at once beyond the possibility of begetting contagium.

TREATMENT OF TRUE CROUP.

BY DAVID PHILLIPS, M.D.

IN November, 1886, by request, I read before the Thirteenth District branch of the New York County Medical Association, a paper on "Croup,"* in which I advocated, among other things, the administration of calomel in the treatment of that disease. The treatment was based on the pathology of croup and the physiological action of calomel, and in my practice is still giving more favorable results than any other method of treatment known to me. By placing in parallel columns the pathology of croup and the action of calomel, the reason for adopting this treatment will be made apparent.

Pathology of Croup.	Action of Calomel.
At the commencement of the attack we have redness and swelling, which is soon followed by a *thickened œdematous* and softened condition of the laryngeal, and sometimes the tracheal, mucous membrane, and these parts are covered with a thick tenacious mucus. This muco-purulent secretion may extend downwards into the bronchi. If death does not occur at this stage, a fibrinous exudation of more or less thickness takes place, which can be pealed off readily without any loss of the mucous membrane underneath, except in the vicinity of the vocal cords, where it is sometimes quite firmly attached. *The symptoms of the disease are just as severe whether membrane be present or not*, whether the membrane be thick or thin, or occurs in patches or forms casts of the larynx, trachea, etc. In fact, *in most cases the symptoms seem to be due to the amount of the œdema.*	First. Removes thickened and infiltrated condition of the laryngeal mucous membrane, with the accompanying submucous œdema. Second. Renders the exudated lymph less fibrinous and more readily absorbed, and diminishes its cohesive attachment to the mucous membrane. Third. Seems *by its peculiar effects on the intestinal tract as a whole* to produce a peculiar impression on the economy *which tends to stop the inflammation*, reminding one in this respect of the action of large doses of iron when given in erysipelas. Whether this is the result of the constant irritation of such a large surface as the intestinal canal, producing a change in nervous action and blood supply, or whether it exerts what we designate as an alterative action, we are unable to determine; but the first view of its action seems the most plausible.

The plan of treatment is as follows: An emetic to commence with, preferably the yellow sub-sulphate of mercury, which may be repeated at intervals if thought necessary, the throat enveloped in a hot poultice, which should

* Published in the New York Medical Journal of December 25, 1886. Since which I have been informed by one of my students that Professor Delafield, in his lectures on "Chronic Laryngitis in the Child," recommends the administration of one-grain doses of calomel every hour until the bowels are freely moved, wait twenty-four hours, and then begin administration of quinine in small doses.

be renewed every half hour or hour, the room kept constantly full of the vapors of water and turpentine—made by floating a little turpentine on water, in a vessel, and keeping up constant heat—from a half to a teaspoonful or more of whiskey in a tablespoonful of milk every hour, and the administration of calomel in one-grain doses every hour until the characteristic calomel stools are produced. The calomel should then be stopped, and the chloride of iron and potash mixture given every hour. If the heart becomes weak, strophanthus or digitalis should be given. Every detail of this treatment should be carefully carried out. The improvement generally takes place just about or a few hours after the characteristic stools are produced. If after the improvement a relapse should take place the calomel should be commenced again. If at any time the dyspnœa should become urgent, intubation, or tracheotomy should be performed, but the treatment must be continued, as neither of these operations has any effect on the course of the disease. In the years 1884 and 1885, I saw, mostly in the practice of other medical gentlemen, eighteen cases of croup, fourteen of which terminated fatally. In a few of these cases tracheotomy was performed as early as the eighteenth hour after the first symptoms, in the hope that an early operation would prove beneficial; but this expectation was doomed to disappointment. These cases were treated under the various methods recommended by the different authorities. Thus, one of the cases that recovered was treated by the administration of turpeth mineral every hour, and twice threw up complete casts of the trachea and bronchi; but two succeeding cases treated in the same manner terminated fatally.

It should be stated that the administration of the medicine in hourly doses was not begun until the dyspnœa became very urgent, and, as this symptom improved, the time between the doses was increased. It was not, however, till early in 1886, when we commenced to use the calomel treatment, that more continual favorable results were obtained. Thinking that the testimony of an unprejudiced observer might be of interest, I asked my friend, Dr. C. J. Sharretts, who has a large practice in a neighborhood where diphtheria and croup abound, to try the calomel treatment. He has sent me the following list of cases, some of which I saw with him, and which comprise all the cases treated by him up to date with this method.

Case I.—Daniel D—, aged 7. Saw this child after it had been sick some time—three days the mother said—the child's fauces were completely covered with membrane, voice almost gone, breathing rapid, dyspnœa quite marked. Gave emetic and followed this with the calomel treatment. Next day the breathing was somewhat easier, the cough more moderate, but the child's general condition remained about the same. Treatment continued, digitalis being added. Next day cyanosis disappeared, cough infrequent, temperature 100° Fahr., moist râles; child evinced a disposition to play. Three days after, child convalescent. Last visit paid four days afterward, when child was reaching from sofa to floor to pick up a toy, uttered a cry, and fell back dead.

Case II.—Joseph G—, 6 years old. Had been sick four days, seen by three other physicians, who pronounced the case hopeless. The mother stated that the disease had commenced as an ordinary catarrh, then the croupy symptoms had come on, and when I saw the child his condition was one of imminent danger. His lips and nails were blue, his face pallid, his breathing could be heard at the foot of the stairs as you entered the house. His head was thrown back, and, as occasional attacks of dyspnœa came on, he contorted himself from side to side in vain attempts to get some air. On examination of throat found a patch of membrane on right tonsil, otherwise the throat was clear. An emetic was given which was repeated once, and the calomel treatment at once commenced. Four hours afterward the child was so bad that intubation was performed by Dr. F. Van Fleet and myself. The calomel was still continued every hour. The next day all the symptoms had mitigated, and that evening the child coughed up the tube. As the child breathed naturally no attempt was made to replace it. Convalescence took place rapidly.

Case III.—John O—, 4 years. Mother said she had noticed some difficulty in breathing for a couple of days; had vomited twice; temperature 100° Fahr; pulse 130, feeble; breathing harsh and noisy, stridulous cough, voice almost a monotone. On examination of throat no membrane visible. Emetic given, calomel treatment commenced. In the evening his condition was practically the same, only that the cough seemed to be a little looser. Calomel discontinued, as the mother said that

a diarrhœa had set in. The iron and potash mixture ordered. In the morning the cough was quite loose, the breathing less harsh, and the child was coughing up a quantity of muco-purulent material. The child passed a very good day and night, but the next day became worse, and the calomel was again given. This was followed by good results, the child improving and convalescing nicely.

CASE IV.—Emil B—, 2½ years. Taken sick Sunday, November 20, 1887, with diphtheria. Tuesday morning laryngeal symptoms set in. Calomel commenced, got gradually worse; parents objected to any operation; died Wednesday, 6 A.M.

CASE V.—Frank L—, 3 years. Taken with symptoms of croup night of March 19, 1887. As the child grew worse the next day, and as a neighbor in the house told the mother that a child had died from croup on the floor above two weeks previously, the mother thought she had better have a physician and sent for me. No membrane could be discovered in the throat, the child grew rapidly worse, and was so bad that night that I proposed an operation as the only resource, but the parents would not hear of it. So I sat there without the slightest hope of a favorable termination, keeping giving the calomel and vomiting the child occasionally. At 2 o'clock the child had a copious passage from the bowels, which was repeated at 3. At about 3.30 the child seemed to be a little easier, and I left. The next morning, when I called, the child seemed to be almost well; was salivated for a day or two afterward.

CASE VI.—Maggie W—, 4 years. Croup symptoms, accompanied with patch on one tonsil; symptoms at no time very serious. Convalesced in four days.

Besides these cases, I had three children in the same family suffering with diphtheria, all developing laryngeal symptoms, one dying from this complication. The calomel was not commenced till the larynx became involved. All these cases, except Case II, occurred in tenement houses.

Speaking generally, the physician when he comes across a case of true croup gets despondent, and although he gives medicine it is almost without hope, and in fact he trusts, as it were, to luck for the favorable termination of the case.

There is, I think, no doubt that croup, as regards time, is self-limited, and if the patient can be kept alive a certain number of days he will consequently recover from the disease, and hence the advocacy by some of the whiskey treatment. In those cases where the inflammation and exudation are limited in amount the patient would probably get well without much treatment. (It should be remembered in this connection, that in some cases the symptoms bear no relation to the amount of mischief going on.)

Again, if this small amount of exudation should take place in the narrower regions of the larynx, suffocation might ensue unless intubation or tracheotomy were performed, and it is probable, I think, that it is only in these cases of limited inflammation that recoveries take place after these operations.

The right way to treat the disease is, consequently, to try and limit the amount and extent of the inflammation and exudation, and use the above operations simply as auxiliaries. It is not claimed that the treatment by calomel will cure every case, or nearly every case, but that its administration will give better results in the majority of cases than any other plan of treatment yet described. Since writing my last paper, I have had two physicians come to me and say that they had tried this treatment without success. One of them did not operate when the symptoms called for it in his case, and the other only gave the calomel four hours, then operated, and afterwards gave no medicine whatever. I do not think that either of these gentlemen gave the treatment a fair trial. One case, whether it recovers or not, proves nothing. In a disease so fatal as croup, the mortality being probably over eighty per cent., any means that promises to lessen the mortality should be faithfully tried, and not rejected simply because of the results in a single case.

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ELECTRICITY AND VITAL ENERGY.

BY THOMAS W. POOLE, M.D.,
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I DESIRE to offer a few comments on an interesting article by Dr. F. E. Stewart, which appeared in the September number of THE MEDICAL BULLETIN.

Dr. S. claims that heat and electricity are directly transmutable into vital energy, in accordance with the law of the conservation of force; and also "that it is possible to change

electricity into vital energy by passing the electric current from a battery through the living bodies of both animals and vegetables."

One of the reasons assigned in support of this conclusion is, that plants grow under the influence of the electric light, as a substitute for sunlight. But it ought to be remembered that electric light is not electricity; for it is one of the established facts, in relation to the conservation of energy, that a physical force ceases to exist when transmuted into another correlated force. Thus, "whenever work is done by heat, heat disappears."—(Tyndall, Fragments of Science, fifth ed., p. 580.) The same is true of all other physical forces mutually convertible into each other. Then it is not electricity but light, which is "changed into nascent chemical energy, then into vegetable-life force in the green leaves of plants." Thus this part of Dr. S.'s argument is shown to be invalid.

The field of study opened up in the consideration of the transmutation of physical into vital organic force, is too vast to be entered on here. But it may be said, briefly, that the process is by no means so simple and easy as the article of Dr. S. might lead one to suppose. For, while it is true, as Tyndall says, that in accordance with the principle of the conservation of force, "light runs into heat; heat into electricity; electricity into magnetism; magnetism into mechanical force, and mechanical force again into heat and light," or into chemical affinity; it is equally true, that not one of these can possibly be converted into vital energy, unless vital energy be already then and there present, as embodied in living protoplasm, "under the guidance of which the transformation of matter takes place." (Stewart Balfour's "Conservation of Energy." International Scientific Series. Appendix by Le Conte, p. 197, 198). See, also, Prof. Huxley's famous lecture on the "Physical Basis of Life," in which, referring to the precise changes taking place in the plant leaf, he says: "Carbonic acid, water, and ammonia disappear, and in their place, under the influence of pre-existing living protoplasm, an equivalent of the matter of life makes its appearance."—(Lay Sermons, p. 137.) Does not the introduction of this new and unique condition render the transformation of inorganic into organic force something quite different from the transmutations of the ordinary physical forces into each other? When heat is converted into light, the pre existing presence of light, imbibing or feeding upon the heat, is not necessary. In the case of the transmutation of nascent chemical energy into vital energy in the plant, the process is much better expressed in the language of Prof. Huxley, as the living protoplasm, already existing, feeding upon the carbonic acid, water, and ammonia, for "with a due supply of such materials many a plant will not only maintain itself in vigor, but grow and multiply . . . in this way building up the matter of life to an indefinite extent, from the common matter of the universe."—(Lay Sermons, p. 134.)

Surely this is a process on a higher plane, and altogether different from what takes place in the transmutations of the purely physical forces, light, heat, magnetism, etc., as referred to above. Different, too, from the semblances of organic forms produced by crystalline force (though Huxley and Tyndall argue the contrary) because crystals can be redissolved and again crystallized, back and forth, a number of times; but "the matter of life"—protoplasm—once dead can never be revived.

Here is the weak point in the conversion of non-living matter into living matter and vital energy. It has never and can never be accomplished, unless in the presence and under the influence of pre-existing living matter. This is the unique condition for the formation of organic vegetable living matter from inorganic materials, and it is equally the unique condition for the formation of animal tissue from vegetable protoplasm. Is it true, then, that "the formation of a crystal, a plant, and an animal is a purely mechanical problem?" This vital energy in pre-existing protoplasm is the *bete noir* of scientific materialists. What wonder that they have tried to eliminate it from the problem altogether! "Carbon, hydrogen, oxygen, and nitrogen are all lifeless bodies," says Professor Huxley; and when combined to form carbonic acid, water and ammonia, he says they are still "lifeless." Is the living animal world the product of this lifeless material? Prof. Tyndall says "Yes." "The animal world is, so to say, a distillation through the vegetable world from inorganic nature."—(Fragments of Science, 5th ed., p. 351.) The animal lives on the vegetable protoplasm, and this "flourishes on the grace and bounty of the sun;" but he ignores the

fact already emphasized above, that living matter must be present in the still, before even vegetable living matter can be made to appear in the product of the distillation.

We have left electricity in the rear; but it, too, is "lifeless," like carbon and its correlative forces. Vital force or energy can only be increased by appropriate food and nutritive processes. Electricity itself cannot be utilized as food, even by plants, and when converted into chemical energy it becomes lost as electricity, just as it does when converted into light. So that, if chemical force in inorganic matter were proved to be converted into vital force in organic matter, still this result is not due to electricity, which had previously disappeared from the scene.

But electricity may be made to promote the growth and nutrition of the animal body, or of portions of it, and this fact is employed by Dr. S. in support of his thesis. How does electricity do this? Not by any vitalizing quality whatever; but, as Drs. Beard and Rockwell explain, "The muscular contractions that are produced by the current, in its passage through the arms [or body], cause increase of the local processes of waste and repair, and accordingly the muscles increase in size, just as they naturally do under the influence of any other form of active or passive exercise."—(Drs. Beard and Rockwell, "Medical and Surgical Electricity," pp. 205, 300, etc.)

Is this increased muscular exercise a proof of exalted vital energy due to nervous stimulation? Not so; for there is good reason to believe, indeed there is complete physiological proof, that in so far, at least, as the involuntary muscles are concerned, the action of electricity does what is done by nerve section, nerve paralysis and death.—(See a paper of mine read at the recent Medical Congress, which has just appeared in successive numbers of The Medical Register.)

But, again, in order directly to influence vital force, the effect of electricity must of necessity be expended on the masses of protoplasm in the vegetable or animal body. It could not do this by expending itself on the already "formed material," which, according to Dr. Lionel Beale, is non-living matter. But electricity, brought to bear on protoplasm, causes a shrinking and contraction of that "matter of life," arrests its amœboid movements, and modifies its outline or contour."—("Huxley's Lay Sermons," p. 130. Dr. Klein, "Handbook Physiological Laboratory," p. 33.) Changes inimical to its increased activity, and which must be regarded as directly paralyzing in their character.

One word as to the transmutation of heat into vital force, as claimed by Dr. S. in the article under consideration. It is not very encouraging to find that, while increased blood is attracted to the surface of the body, with increased local tissue change, and more active elimination from the skin, other important functions are lowered, such as those of the intestinal canal and kidneys, and also the activity of the nervous and muscular systems. These are hardly the effects to be expected from a general increase of vital energy, and would rather lead to an explanation similar to that in the case of electricity: that the results in question are effects purely mechanical in their causation.

Let me say, in conclusion, that there can be no doubt as to the beneficial effects of the vapor bath, of electricity and of massage in appropriate cases, and that my comments refer only to Dr. Stewart's theory of the production of these effects.

*GERANIUM MACULATUM.**

BY JOHN V. SHOEMAKER, A.M., M.D.,
Professor of Dermatology in the Medico-Chirurgical College of Philadelphia.

IF the craze for therapeutical novelties could be diverted from the jungles of India and the laboratories of the manufacturing chemist to the fields and forests of the United States, suffering humanity would be the gainer. Many of the most highly-lauded, marvelous synthetical products and wonderful drugs precipitated upon the profession during the past few years are not only useless but positively injurious, while scarcely two per cent. of the remainder possess any practical value.

Geranium maculatum, to which I desire to redirect your attention to-day, is not a new remedy imported over thousands of miles of land and sea at prodigious expense, neither is it the patented compound of forty stills, recommended as a sure cure for all diseases by forty medical theorists who do not know the difference between the pulse in health and disease, but it is one of the most valuable and yet the

* Read in the Section on Medicine, Materia Medica and Therapeutics, at the Thirty-Eighth Annual Meeting of the American Medical Association, June 7, 1887.

least known of American indigenous remedies. More than sixty years ago Dr, Barton, in briefly reviewing its medicinal properties, declared it to be certainly entitled to the attention of every American physician. Yet notwithstanding the commendation of Dr. Barton, and other distinguished observers, geranium maculatum has been almost entirely discarded. Indeed, so seldom is it prescribed that druggists in many places do not keep it in stock. When I began to investigate its merits five years ago, not one of the eight druggists to whom I sent for it had any on hand; and I was finally compelled to send to a wholesale house for the quantity needed.

Geranium maculatum contains tannic and gallic acids, gum, starch, sugar, coloring matter, and various resin and oleo-resins, which have not yet been studied. Its value depends in large part upon the tannic and gallic acid present, but its resins, oleo-resins, and other constituents enhance its usefulness, and render it more potent in many affections than any preparation of tannic or gallic acid alone or combined. The portion of the plant used in medicine is the rhizome, or the root, stripped of its bark. The dose of the powdered root ranges from ten to forty grains. As it is soluble in water or alcohol, it may also be administered in the form of the tincture or the fluid extract. The dose of the former preparation varies from one-half to two drachms, and that of the latter from ten minims to one and a half drachms. The fluid extract is the most eligible and effective preparation, as it contains all the virtues of its plant. When combined with an equal quantity of simple syrup and diluted with a small amount of water it is not unpalatable, and will not be rejected by the most fastidious patient.

Therapeutic Action.—There are few remedies which possess a wider range of usefulness than geranium maculatum, and which are so devoid of harmful properties. In all forms of hemorrhage, whether internal or external, it is without a superior. Hæmoptysis can usually be promptly arrested by drachm doses of the fluid extract given hourly until the attack subsides. Relapses may be prevented by continuing the same dose at longer intervals for three or four days. Hæmatemesis may be effectually controlled in the same manner after ergot, matico, sulphuric acid, iron, ice, and other styptics have failed. In hemorrhage from the kidneys and the intestinal canal better results can be obtained from the administration of smaller doses, twenty drops, four times daily, for an extended period. Epistaxis may be speedily checked by plugging the nostrils with cotton dipped in a solution composed of one part of the fluid extract of geranium and three parts of water, or by syringing the nasal passages with the same solution. Hemorrhage resulting from the extraction of a tooth is occasionally obstinate in character, persisting for days, defying the cautery and other methods, enfeebling the patient, and alarming the family; but it can invariably be promptly arrested by filling the socket with a piece of cotton saturated with the undiluted extract of geranium maculatum, and applying firm pressure for a few minutes. Menorrhagia can be most effectually abated by the internal administration of geranium combined with vaginal injections of the same remedy. In severe cases it may be necessary to tampon the vagina with cotton soaked in a diluted solution of geranium or to inject the uterine canal with the same solution. This latter procedure is the most effective method of arresting uterine hemorrhage, but it must be resorted to with caution.

Geranium is also of value in purpura, scurvy, hæmitidrosis, and the hæmorrhagic diathesis. It is a most serviceable remedy in colliquative and chronic diarrhœa, infantile diarrhœa, and the diarrhœa of typhoid fever. It may be given with marked benefit in the latter stages of cholera infantum, cholera morbus, and chronic dysentery. In the latter class of affections, rectal injections of the remedy appear to be most efficacious, as by this means the medicament is conveyed directly to the diseased portion of the mucous membrane. This is also an effective method of eradicating ascarides.

Geranium is of especial value in phthisis, restraining the diarrhœa, preventing hemorrhage, moderating the fever and night sweats, lessening the cough, and promoting the appetite.

In chronic bronchitis and bronchorrhœa marked improvement may be obtained from the administration of

℞. Tinct. nucis vomicæ . . . ʒj.
Tinct. sanguinaria . . . ʒj.
Ext. geranii . . . . fʒiss.
Syr. simp. . . . . ʒiss.

M. Sig. — Teaspoonful in water, every four hours.

Chronic gastric catarrh, and the various stomach disorders due to indulgence in alcoholic liquors, can be most speedily remedied by a restricted diet, reformation of habits, and the administration of half a drachm of geranium four times a day.

Cases of anæmia and chlorosis in which iron, arsenic, strychnine, phosphoric acid and quinine have not been of any benefit, frequently improve at once upon drachm doses of geranium before meals. Amenorrhœa and other disorders of menstruation dependent upon poverty of the blood, often disappear spontaneously during a course of geranium.

Aphonia due to nervousness, mild cases of hysteria, and alcoholic trembling, are all benefited by full doses of geranium, frequently repeated. I believe that it will also be found of service in the treatment of chorea.

Diluted with eight parts of water it forms an elegant and effective gargle in relaxation of the uvula and fauces, and chronic pharyngeal catarrh. Applied in the same strength with a post-nasal syringe or douche it is without a superior in naso-pharyngeal catarrh. When combined with an equal quantity of water it forms an excellent mouth wash in aphthæ, scurvy, mercurial stomatitis, and idiopathic softening of the gums. In leucorrhœa, prostatorrhœa, and chronic gonorrhœa, it may be given internally, and also used as an injection in the proportion of one part of the fluid extract to ten parts of water. The injections should not be used more than once every second or third day. Purulent cervicitis, fissures of the cervix, and catarrh of the body of the uterus and relaxation of the vaginal walls can be cured by the application of the fluid extract of geranium, either through the medium of an injection or by the ordinary cotton tampon and applicator.

The pain and irritation attendant upon fissure of the anus can be removed at once by touching the fissure with the undiluted extract, and a permanent cure effected by continuing the applications two or three times daily for a few days. Prolapsus ani will usually yield rapidly and not recur if the pure fluid extract be brushed daily over the protruding mucous membrane, and a twenty-five per cent. solution be injected into the rectum every second day. Ulceration of the rectum and anus may be rapidly arrested by the same means. The repeated application of the fluid extract will relieve the irritation and lessen the size of hæmorrhoidal tumors, and not unfrequently occasion them to shrivel up and disappear. A ten per cent. solution of geranium is a useful application in chronic conjunctivitis, granular lids, and corneal ulceration. The undiluted extract is without a superior in the treatment of fissured nipples. It relieves the pains at once, and forms a protective covering over the painful cracks, beneath which the healing process continues undisturbed. Unlike lead, and other commonly employed agents, it is harmless to the infant, and need not be washed off before nursing.

Geranium is an excellent remedy in various forms of disease of the skin characterized by excessive secretion. In hyperidrosis and bromidrosis, no more effective plan of treatment can be suggested than bathing the affected parts three or four times a day with a thirty per cent. solution of the fluid extract. The flow of perspiration is lessened, the fetor removed, and the patient raised from a state of despondency to one of comparative happiness. Vesicular and purulent eczema, impetigo and pemphigus are benefited by the following lotion:—

℞. Ext. belladonnæ . . . f℥j.
Ext. geranii . . . . f℥j.
Aquæ . . . . . ℥ij.
M. Sig.—Apply night and morning.

The same application will be found both prophylactic and curative in intertrigo, and in eczema and herpes of the genital regions, in persons having a peculiarly delicate skin. It is also efficacious in preventing the development and hastening repair of bedsores, and promoting the healing of old indolent ulcers. Geranium is the best styptic in the materia medica, but it must not be expected to control the flow of blood from an incised artery. It will check venous or capillary oozing, restrain the bleeding of lacerated wounds, and arrest the hemorrhage following small incised wounds, or various operations, more effectually than Monsel's solution, alum, or any of the agents ordinarily employed. It must, however, be applied in the proper manner. To let a few drops fall on the bleeding point will not be sufficient. A small piece of cotton should be soaked in the pure fluid extract, and held firmly against the wounded or bleeding surface for a few minutes. A piece of sticking plaster or an ordinary bandage may then be applied. When this method is adopted stitches need not be inserted unless the wound is deep and the

edges gaping. Hemorrhage does not recur, and the healing process begins at once and continues without interruption.

Sloughing and unhealthy sores rapidly assume a healthy appearance when continually bathed with geranium. Vaginal and intra-uterine injections are rarely necessary after delivery, but when the fetor of the lochia, or other symptoms demand their employment a decoction of geranium or ten per cent. solution of the fluid extract will be as efficacious as solutions of carbolic acid or mercuric bichloride, and far more safe and agreeable to the patient.

Pruritus ani and vulvæ are due more frequently than is supposed to minute fissures of the skin of those regions, or to a relaxed and œdematous condition of the mucous membrane, and consequently can often be promptly relieved by the application of a strong solution of geranium.

Finally, the fluid extract of geranium, owing to the large percentage of tannic acid which it contains, is a convenient and effective antidote in cases of poisoning by iodine, mercury, silver, copper, antimony, digitalis, conium, gelsemium, tobacco, physostigma, veratrum viridi, and aconite.

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*MEDICAL ORGANIZATION IN AMERICA.**

BY HENRY O. MARCY, A.M., M.D., LL.D.

LITTLE more than a generation, since an English critic sneeringly remarked: "Who reads an American book?" He quite forgot that many of the best trained and cultured of his own and the preceding generation had sought a home in the colonies and newly-formed republic in the desire for a larger scope of intellectual and moral freedom of thought, which, after its period of incubation, was sure to bring forth a splendid harvest of new truths for the world's good. Men pass away, but principles live, and when generations had been taught devotion to such fundamental ideas, its fruitage must result in a literature of its own.

As a natural sequence, the great religious truths upon which were founded the integrity of the State, more enduring than the granite of Plymouth Rock, first found formal expression and wider application to the daily life, and, out of this, as a principle of natural evolution, was builded the personal rights of individual freedom. The great sister profession of the law formulated its tenets, and reared, as its exponents, men of the broadest culture, whose opinions were quoted and influence felt in the very centres of European civilization.

During these generations, in Europe as well as in America, the physical needs of the body were naturally held in subordination to the great moral truths, which had claimed ascendancy over pain, and sent an army of its devotees rejoicing to the State. Partly from training, but, in larger share from necessity, in America, as a new country, the administration of the infraction of both moral and physical law devolved upon the clergy.

During this early period the foundation stones of the science of medicine were being laid upon the anatomical researches of the masters. In the great centres of Europe, the medical departments of the universities flourished, and, prior to the Revolution, enthusiastic young men from America were there found diligently seeking that which the poverty of the new country necessarily failed to afford. Little coteries of such men practiced their profession in the larger settlements of the colonies all along the coast. The one branch of the profession that then was pursued with delightful zeal, was the seeking of new remedies, which the rich, limitless flora in the great American forests offered to the botanist. Some accessions of real value were made to the medicamenta of that period, and the boundless faith of the worthy dame of the country district in herb teas, may be traced as the legitimate fruitage of such experimentation. Some of the early scientific explorations were undertaken for this object, and in their records we yet find interesting and profitable study. This is charmingly illustrated in the volume by William Bartram, published in London in 1776, giving an account of his investigations and adventures in the Carolinas and Florida. His explorations were undertaken at the instance of, and his expenses defrayed by, the celebrated Dr. Fothergill, of London.

The Darwinian doctrine of development holds good in the evolution of all the sciences, to which medicine is no exception, and the specialist of to-day in law, in theology, in natural sciences, in their manifold application to the arts, as well as in medicine, is the legiti-

* Read at the Annual Meeting of the American Academy of Medicine, Washington, D. C., Sept. 3, 1887.

mate fruitage of the age in which we live. From this standpoint, it is well briefly to review the literature of medicine.

Little more than a century ago the illustrious Haller was professor of botany, physiology, anatomy, obstetrics, and surgery, a whole medical faculty himself, and yet he found time to devote some hours daily to the writing of his "Bibliothèke of Medicine." What does the lesson teach? Not only a superior ability, wisdom, knowledge, and judgment, but it is clearly apparent, compared with the requirements of to-day, that the rapid advances of the cycling years have brought with them new demands, new fields of investigation, and an unexampled progress. The border lines of our knowledge have steadily and rapidly widened, until the devotee of the science of medicine, no matter how diligent and learned, ceases to hope for more than a general knowledge of its diversified factors, and confines himself, with ambitious purpose, to some one or more of its subdivisions. An excellent illustration is afforded in the present Internatioual Medical Congress, with its eighteen subdivisions of special work.

It is, in truth, only a short generation since an American could scarcely be said to have a national medical literature, even in incipiency. The writers of the few medical books, almost without exception, were not only educated in Europe, but were quite content in the dissemination of the partisan views held by their respective schools of training. Philadelphia and Boston were the first centres, not only for the teaching of medicine in a spirit intended to stimulate originality of investigation and research, but they became the centres also of dissemination of medical opinion in journalistic form. From this comparatively crude and imperfectly organized beginning there has developed in America a medical literature, if judged by the number of independent publications, copies in circulation, and pages printed, unparalleled in any and all countries. The same is also true in the publication of medical books.

The American is justly proud of the marvelous growth and development of this country, viewed from any standpoint of observation. Under the fostering care of her free institutions, stimulated by a feeling of equality in all, there has sprung up a love for literature and learning, which, within a century, has placed her people on the proud eminence of assuredly being the most broadly cultured of any nation.

In comparison with the older civilizations of Europe, while she may, indeed, yet lack the highest expression, as illustrated in a small class of purely literary men, a larger percentage of her people is to be found in the ranks of all the learned professions. In the grand march of human progress, medicine has been ever prominent among the learned professions, and to-day her followers in America alone number eighty thousand men. Our medical schools, no longer limited to a few cities situated on our sea-board, or the great centres of population in our rapidly-developing West, have increased each year through the length and breadth of the land. Journalistic enterprise has grown in equally rapid proportion, until the older and more conservative of our profession deprecate both as an evidence of weakness rather than of strength.

It may, indeed, be wise to pause for a careful analysis of such evidence of superabundant vigor, and ask ourselves if the greatest good is to be attained by such increase of effort and labor? Is there not danger in America, on the one hand, of forcing this growth into an activity that shall over-reach the end sought, and, by a kind of hot-bed stimulation, retard the real development, and so lower rather than elevate the standard of scientific attainment?

On the other hand, should we conserve our energies and concentrate our forces in the estabment of a few great medical centres, with professors paid to do our thinking, and thus rear an aristocracy to hedge about and control freedom of professional opinion? The first tends to the development of a class of men unfitted to assume and discharge the most sacred and responsible duties. There is danger in the second, of which many in the profession think they have seen abundant evidence within a limited period. A middle ground is clearly, in the present state of medical knowledge, the one from which the largest outcome of good is to be secured. For the establishment and maintenance of this position—the elevation of the standard of medical education to a purely scientific basis—looking to the how, rather than the where, our men are taught, should the energies of this academy be directed.

Journalistic medicine has developed until the editor holds an office second to none in the entire profession. We caricature him as

the "knight of the scissors," who gleans from other publications, and fills his swollen pages with interlarded advertisements of the well-puffed nostrums of the day. His true office is not that of the compiler, for to him falls that noble duty of teaching the great rank and file of the profession, from the day of their graduation to the end of their active career. He should be the Professor Emeritus in the truest and broadest sense, if not himself the actual originator of the newest and latest researches. His conservative judgment should ever hold in distinctive preëminence that which is of the greatest value for the public good, distinguishing always between that which is superficial and alluring, and that which is scientific and educational. To such an office one should aspire with fear and trembling, mingled with hope. The development of this branch of medical teaching I have witnessed with greater pride than that of any other. To the members of the editorial staff of America we justly look for the highest excellence as professors in the great university of universal learning. From them the profession demands the qualification of a noble manhood, of pure and unselfish devotion to a laborious and sometimes a thankless task. As this generation has, in a large degree, to be grateful for the dissemination of a broad and generous culture to the members of the public press, so to the medical editor the great army of the profession look, and from him have a right to expect the dissemination of only those medical truths which are highest and best. Viewed from this standpoint, no field of training promises greater renown. To him, blessed with the divine unction of his calling, who nobly magnifies his office, the gratitude of an unselfish profession will be freely granted as a benefactor of his race. Such examples are not wanting in the profession of our own time.

Let the medical editors of America unite in demanding a prescribed course of medical training, as nearly uniform as possible, the establishment of State boards for examination before admission to practice, and they will perform a public service of inestimable value.

I have watched with profound interest the origin and development of the American Academy of Medicine. It has been charged that it was founded for the purpose of establishing an aristocracy in the profession, claiming the possession of university degrees, as entitling its members to greater respect and authority. I am sure there is not a member of this body who would not indignantly deny such assumption, and yet, founded upon the possession of scholastic titles as a corner-stone, is there not some evidence therein upon which to base such a charge? You who have watched with a paternal interest over the Academy from its inception, know that the basic thought which prompted its founding lay only in the desire by union of effort to elevate the standard of learning, and this was, in a large measure, thought best accomplished by demanding a thorough preparatory training as a basis for medical knowledge. Under the present methods of teaching, this was believed to be best accomplished by an academic course, the evidence of which should be not less than graduation from some respectable college. In unselfish judgment, as representative of this feeling, you demanded from the members of the Academy that which you deemed so important to establish as a safeguard to the profession. This was, however, to be by no means the end of study, but rather the beginning of a life-work devoted to professional advancement; feeling, that if the seeds of true learning were properly planted in early life, they would fructify in a later, richer development of scientific attainment. This was assumed as apparent to all. While much of good in the direction of higher education has been exerted by the Academy, and I am assured you will not believe that I underestimate its value, I cannot but feel that we have failed thus far of its highest fruitage, by erecting a seeming barrier between it and the great body of the profession.

If we hold as the desire of our heart the attainment of true learning as the key to the further advancement of our profession, would it not be well to broaden our phylacteries, and demand rather the possession of real knowledge, coupled with a desire for its dissemination, as the evidence of fitness for membership? We should care little for the when or how, if we are assured of the real attainment of true learning. Having determined this, let us welcome with open arms and open doors every real student who may desire to make the Academy a means and a power for the dissemination of knowledge and the elevation of the standard of education.

Assuming this as fundamental, let us then

show, as the noblest purpose of such union, scientific work, valued for its original research and true learning.

Is there legitimate work for the Academy to do in its demand for a more thorough preparation of the profession for its important mission? It is, indeed, fundamental that better preliminary training should be required. Of its need we have daily evidence, but should we not also couple with our demand that an earnest effort be made to abolish the improper rivalry of medical schools, and insist that the teaching of medicine, as well as the preliminary preparation, shall, at least in a measure, be commensurate with the requirement to be made of the graduate? Is it too much to undertake that we endeavor to separate the degree from the license to practice, which in so large a part of our country is granted by it? Would we not thereby, in large measure, destroy the yet too common short road into the profession, based upon a graduation after two short courses of lecture attendance of a few weeks each?

In addition thereto, let the Academy aim to establish in every State, as far as possible, a uniform system of examination before admission to practice. I am well aware these are no new themes for your consideration, yet, while such reforms are imperatively demanded, let none say this Academy exists without its mission, or that it is faithless to its highest trust, the elevation of the standard of medical education. Through the unflagging energy of our secretary, Dr. Dunglison, you have been made aware annually of the legislative enactments of the various States in protecting the people from ignorance and incompetency in the practice of our profession. The revival of this legislative interest is an interesting feature of the present status of medicine, and its right direction is of the highest importance to every citizen.

The unfortunate dissensions which have recently arisen in our profession, is a subject worthy of serious consideration. Criticism does not belong to the present occasion, but the rather, recognizing from the want the greater need of harmony, we should labor to unite the societies of our entire country, and bind all together in one great national representative organization. Therein we should sink our local prejudices, broaden our knowledge, recognize each member for his true merit regardless of locality, increase our patriotism, and, above all, knit together in a common brotherhood all true workers in one of the noblest departments of science. May it not be suggested that the foundation of the Academy is sufficiently advanced to establish outlines of inquiry and themes for original investigation, and organize for the continued and combined study of new and important subjects that are constantly arising? Let the work be so well done that the stamp of the Academy upon its papers and their discussion, at once be the assurance to the profession of their value, and, in this sense alone, let it show by its works the leadership which we would claim for it—a wider knowledge of truth and its application to human need.

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*CONGENITAL HYDROCEPHALUS.**

BY W. D. BIDWELL, A.M., M.D. (HARV.)

AUGUST 23d, I was called to see Mrs. H—, in consultation with Dr. Hutchinson, of Boling. The patient, a rather delicate woman of thirty-one, had given birth to five children, all at full term, and all her labors had been unusually rapid except the present one. Neither her family nor her husband's gives any history of syphilis, insanity, rheumatism of the heart, goitre, or any inherited disease, except that her father, who is still living, has consumption; her mother died from trouble during a miscarriage, called by the doctor in attendance. During her last pregnancy she received no injury, nor had she been overworked, as she had been living with friends until the last month owing to her husband's absence in California. Dr. Hutchinson stated that he saw her three times previous to her labor, and noticed that she appeared more protuberant than was natural, and also noted the fact that she kept telling her friends she was not all right. She also suffered from severe cramps in the feet and limbs. From the account given by those present, labor began August 22d, at 6 P.M., and the waters, which were in excess, broke at about noon on the 23d. I reached the house at 4 o'clock in the afternoon of the 23d. An attempt had been made to apply the forceps, but they would not hold. On examination the scalp could be felt, round and tense like the bag of waters, while at least three inches farther up the finger came in con-

* Read before the Leavenworth Medical Society, Sept. 26, 1887.

tact with a ridge of bone reaching from the front wall of the pelvis to the rear in almost a direct line. The position was O. R. A. The pains were very severe. While deliberating as to the treatment the scalp suddenly ruptured, and a large amount of serum escaped. The pains continuing strong without advancement of the head, I attempted to apply the forceps. They served to mould the flexible parietal bones, and the head descended low enough to be seized and delivered manually.

The secundines were delivered by Dr. Hutchinson, and the woman improved steadily, having less trouble than with any previous confinement, until Saturday, August 27th, when she was seized with shortness of breath; her pulse was full but weak, no fever, slight abdominal tenderness, lochial discharge watery and offensive, extremities cold, and Sunday morning she died very suddenly.

The chief interest, however, centred in the child, which, except head, was a perfectly-formed, well-developed boy, weighing eight and a half pounds without the fluid which escaped during the labor, which I should roughly estimate to have been about two pounds. The shape and size of the head can be best appreciated by a comparison of the measurements given by Lusk of the average fœtal head at term with those of the head of this child. The total length of the child was 22 inches; circumference of the chest, 12¼ inches; width of shoulders, 5½ inches.

For purposes of measurement and photography, the size and shape of the head were restored as nearly as possible by patching with cotton.

DIAMETERS OF FŒTAL HEAD.

	Lusk.	Hydrocephalic child.
Occipito-mental diameter	5¼ inches.	9½ inches.
Occipito-frontal "	4½ "	9 "
Sub-occipito-bregmatic diameter.	3¾ "	6 "
Bi-parietal "	3¾ "	5 "
Bi-temporal "	3¾ "	5½ "
Bi-mastoid "	3 "	4½ "
Fronto-mental "	3¾ "	5 "
Cervico-bregmatic "	3¾ "	7 "
Circumference at occipito-mental diameter	14¾ "	23 "
Circumference at sub-occipito bregmatic diameter	12 "	19½ "
Circumference at cervico-bregmatic diameter	.. "	19¼ "
Circumference at fronto-mental diameter	.. "	15½ "

Hydrocephalus, or dropsy of the cerebral ventricles, is quite infrequent, the statistics as given in Charpentier's "Cyclopædia" are as follows: Lachapelle, in 43,553 labors, saw 15 cases; Merriam, in 900 labors, saw 1 case; Lever, in 4666 labors, saw 1 case; Hohl, 77 cases; McDonald and Ramsbotham, in 3000 labors, saw 1 case; Kucher, in 12,000 labors, saw 3 cases.

But Charpentier thinks these figures too low, as in 2000 hospital labors he saw three cases, and after that four more in private practice, from which he considers Merriam's figures of 1 in 900 to be near the truth.

Causation.—Many factors have been alleged as causes, such as advanced age of the parents, alcoholism, excess in coitus, syphilis, chronic inflammation of the arachnoid and of the internal lining of the ventricle, interference with the venous circulation, and hereditary cretinism. In spite of the numerous cases of syphilis without hydrocephalus, it alone would seem to have a real influence, but cases occur, like the above, in which all these causes are absent, and we can only conjecture as to the true etiology. In certain women there seems to be a habit of giving birth to hydrocephalic infants, and the influence of consanguineous marriages has been insisted upon as an efficient cause by some writers.

Pathological Anatomy.—The quantity of fluid in the cranial cavity may vary from a few spoonfuls to a number of quarts. In the case reported the amount was estimated at from two to three pints. In consequence of this distension the head may assume enormous proportions. Wiesberg has reported a case where the greatest diameter of the head was 9¾ inches, and the circumference 31 inches; Meckel, a case where the bi-parietal diameter was 16⅔ inches; and Verdu a case where the head was 10 inches long and 30 in circumference. The bones are thinned out, expanded, and bend like thin sheets of cartilage. The fontanelles and the sutures, greatly enlarged, fluctuate, and through the intervals pouches project, forming encephaloceles. Further, hydrocephalus may be complicated by various other malformations.

One striking factor marks hydrocephalus, and this is the association of presentation of the pelvic extremity. While, where the pelvis and fœtus are of normal size, the vertex presents in 19 cases out of 20, and the pelvic extremity once out of 70 or 80; in 286 cases of hydrocephalus 78 were other than vertex, breech presentations predominating.

In regard to the diagnosis before labor,

sometimes increased size of the abdomen will be noted. Again, considerable œdema of the lower limbs. Again, supra-pubic œdema, which is also found in case of hydramnion and twin-pregnancy.

While the membranes are still intact the diagnosis is often difficult, but when once ruptured it becomes easy. The head is differentiated from a second bag of waters by the skin being thicker, and by the hair which can be felt. While the sutures and the fontanelles are scarcely recognizable, one or another bone of the skull may always be reached, and this will frequently feel like parchment.

As a general thing labor progresses slowly, and uterine inertia often follows after energetic contractions. There are three classes of cases: 1st. Where labor is only slightly prolonged and delivery occurs spontaneously; 2d. Delivery is still spontaneous, but it is prolonged and painful; 3d. Non-instrumental delivery is impossible, and it is in these cases that rupture of the uterus may occur.

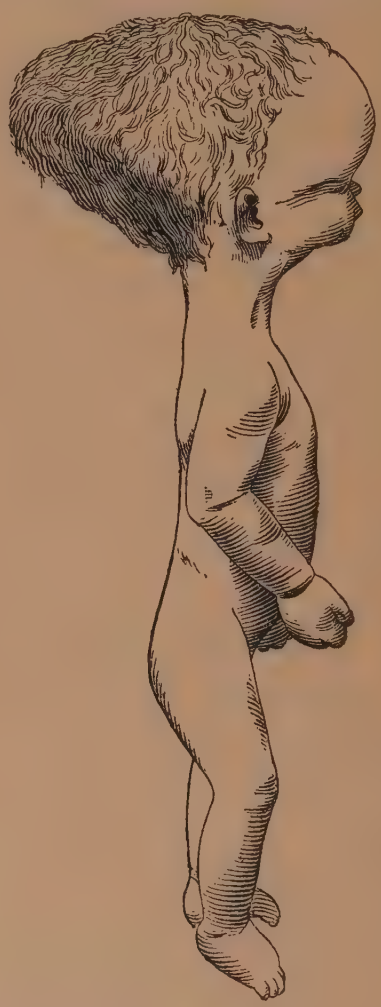
In certain instances, where the distension is great, spontaneous delivery may occur, owing to the formation of a pouch containing the fluid, which enables the head to be compressed and to pass through the pelvic canal. Sometimes, instead of forming a pouch, the fluid infiltrates the neck and thorax of the fœtus, and even the abdomen, giving rise to a generalized œdema, and enabling the bones of the skull to collapse. These cases are exceptional, and usually accompany pelvic presentations. Finally, where delivery is impossible, the uterus may, as has been stated, rupture. In seventy-four cases of hydrocephalus this occurred sixteen times.

Prognosis.—This is grave, both for the mother and the infant.

Chassinat, in sixty cases, noted the death of the fœtus forty-one times before or during labor; and of the nineteen remaining, eight lived less than four months, and only four over two years. Further, it was only in the instances where delivery was spontaneous that the infants survived. In one case, where the affection was slight, Charpentier delivered by the forceps an infant which lived five and a half months. In case of the mother the prognosis depends purely on the conduct of the *accoucheur*. Early diagnosis and intervention are in her favor. The mother usually dies from rupture of the uterus, or from traumatism during efforts at delivery.

In regard to treatment in vertex presentations, forceps may be tried, but if after a number of prolonged tractions the head does not come down, perforation should be resorted to and delivery accomplished by the cephalotribe or the bone forceps.

I can find no mention of any case in which the scalp has ruptured spontaneously, as in this child, but there is a possibility of this having been effected by some of the earlier attempts at



delivery in this case, or it may have been weakened by natural agencies, inasmuch as decomposition set in within a few hours after delivery.

In conclusion, I would call attention:—

1st. To the absence of any of the usually assigned causes of hydrocephalus.

2d. To the mother's opinion that she was not all right, though we often find this to happen in perfectly normal labors.

3d. To the comparatively easy delivery, almost entirely by natural agencies.

When placed in position for photographing, the arms of the head-rest showed slightly under the chin and back of the neck. The outline of the parietal bone can be made out as it presses against the scalp owing to unevenness of the cotton.

LEAVENWORTH, KANSAS, Sept. 26, 1887.

AN ADDRESS

DELIVERED TO THE FIRST GRADUATING CLASS OF THE TRAINING SCHOOL FOR NURSES CONNECTED WITH THE HOUSE OF THE GOOD SHEPHERD, SYRACUSE, N. Y., NOVEMBER 17, 1887.

BY WILLIAM T. PLANT, M.D.

THROUGH the courtesy of my associates on the staff, the pleasant duty of speaking a few words as you receive the official endorsement of your qualifications, falls on me.

This is the first occasion of its kind in Syracuse. Not only that, it is one of the first of its kind in the State, or in the United States. Indeed, the training of nurses for their work is one of the new things in the world. Until twenty-seven years ago, there was no opportunity anywhere for a woman to systematically learn the art of caring for the sick unless she joined one of the religious orders, and in these instruction in nursing was not made paramount.

It used to be thought that nurses were born, not made, and it seems to have been the notion that their birth as nurses occurred a long time after their birth into the world, for they were generally well on in years before they embarked in the business. I think it was rather customary to give them the endearing title of "aunty." Many of them were inveterate smokers or snuff-takers. Dickens's model nurse, the illustrious Sairey Gamp, was such an one. And I remember one of that sort, "Old Aunt Sarah," as she was in the habit of calling herself. She was the neighborhood nurse of my boyhood home in the country. After her meals and between her meals, and at bedtime and once or twice in the night, if she happened to be up with a patient, she smoked a clay pipe with a black bowl and a short stem. What this old aunty didn't know about nursing was unknowable; so we all thought then; but, as I reflect on it now, I believe that her knowledge was more pretended and accredited than actual. Her nursing may not have been of a very high order, I think now that it was not, but it was the best to be had, and it was worth all she got for it. Her personal wants were few and easily supplied, and it was well that they were so, for she was in the habit of working, as doctors used to work in the olden time, for whatever her patrons chose to give her. Indeed, she carried many a case through without fee or reward, for she was a good woman, not given to hoarding up money, but chiefly intent on being useful in her day and generation.

Nursing was not her only accomplishment. She could turn her hand to almost anything except fancy work and music, and when business was slack her services were in frequent demand for weaving rag-carpets on the hand-loom.

I think this old aunty was a type of the nurses to be found in many countries thirty or forty years ago. But the world moves onward in this direction as in others, and now the day that should have dawned long ago, when nurses are methodically trained and educated for the work they are to do, has come, and it has come to stay.

The idea, and the carrying out of the idea of training schools for nurses, is due to a woman, —a wonderfully gifted and noble woman, —Florence Nightingale. When her brilliant achievements in the hospitals of the Bosphorus in 1854 and 1855 had gained for her the gratitude and confidence of the whole British nation, a fund of two hundred thousand dollars was raised to found a school for nurses under her direction.

In 1860 the school was opened in connection with St. Thomas's Hospital, in London. It has been in a flourishing condition since then. Last year it gave instruction to seventy-eight nurses.

Eight years later, 1868, a committee was appointed by the American Medical Association to see what could be done in this country in the same direction. Five years later—1873 —three nurse schools were started, one in New York, one in New Haven, and one in Boston. Many others have since been established here and in Canada.

I see no reason why every general hospital should not follow out a system of education and training for its nurses. There should be a good medical library, as we already have here, and instruction should be given by the staff on all matters connected with the art of treating the sick.

So I think it is to be. The nurses of the future are to be trained nurses. They will be chosen and set apart for this useful and noble calling because of their true womanhood, their desire for usefulness and their proved and certified competency for the work.

The staff is proud of its first graduating class. Florence Nightingale says: "A woman cannot be a good and intelligent nurse without being a good and intelligent woman." We believe we can fill that bill several times over to-night. You have proved yourselves apt pupils, and you are well qualified for the work that is before you. And it will be work, you know that. It is no holiday life that you are to lead; but the busy and useful life is, in the main, a pleasant one. So you have found it, so you will find it. Besides, it will be a life of privilege as well as of labor. You are to walk in the footsteps of the Great Exemplar; like Him, you are to go about doing good; so we bid you God-speed.

NOTES ON THE USE OF BROMO-SODA.

BY WILLARD H. MORSE, M.D.,
WESTFIELD, N. J.

WHEN I was a student of medicine, I had a peculiar fascination for chemistry, and my time was too often spared for chemical research. One idea was that of discovering new remedies for some of the principle drugs, and one of the several things was, that bromide of sodium was a substitute for bromide of potassium with great advantage. The "United States Dispensatory" says: "Bromide of sodium is not as powerful as the bromide of potassium!" That settled it, for great was my confidence in the "Dispensatory;" and, some years later, when writing my little work, "New Therapeutical Agents," I refrained from saying much of this substitution, though making an account of many others.

In 1884 a bit of experience in one of the New York hospitals, served to show me that the big tome of Wood and Bache is by no means the Bible of Materia Medica, and, at the moment, my first thought was a doubt as to whether that statement as to the bromide of sodium was infallible. I went to work at that late day, and proved that it was not. From that time, as henceforward from this time, I find in the unofficinal salt the ratio of the perfect law of substitution, as a bromide. It, however, is unbecoming to contradict Dr. Wood, and, I might better add, that the assertion is to be taken—if not hardly *cum grano salis*, at least *cum grano caffein.* This may need an explanation, and I give it by stating, that while there may be more doubts about the salt as obtained crudely, its combination with caffeine results in the production of a true and pure substitute. The salt, as it occurs in the shops, is not constant; but the combination removes this fault when present. I say "when present" advisedly, for the method of manufacture—the decomposition of bromide of ammonium with carbonate of sodium—does not tend to depart from possession of the anomalies that characterize the carbonate to the dismay and confusion of the pharmacist. The consequence is that one chemist with one sample may prove substitution, and another with another disprove it. The combination with caffeine not only removes this inconstancy, but it also provides against the faults and failures of the officinal bromide. In other and plain words, the combination represents a purified bromide of potassium, creating the ideal bromide, giving results that we have hoped and sought for, and failed to obtain.

But, why caffeine? If a demand has been put forth, it has been for an agent that will promote the reparative power of the body at the same instance as that which is marking the depressant action. For such purpose we write our bromide of potassium in prescriptions, hardly essaying an agent that will ozonize the blood thoroughly, but looking in that direction. Consequently, upon this way of appreciation, we do not adventure quite as far as the place of quinia, but theoretically we pin faith on an object that comes hardly to the province of the chief of the two simple acids obtained from cinchona. Think for a moment, and we arrive at a solution in caffeic acid, which may not be extravagantly described as a purified kinic acid. It occurs, combined with potassa, to form caffeine, and we thus gain our reason for choice of this salt; practically, also, while caffeine is valued as an adjuvant of the bromide, as an anti-spasmodic and as lessening the force of the heart, it quickens the cardiac action where the other depresses it, thus tempering the depressant action without provoking a lessening of vigor, following the indication thus evi-

denced, we cannot fail to understand the reasons that obtain for the *rationale* of this combination, especially when we look toward a placing of confidence in sodium salts.

The outcome exceeds our expectations. Uncombined, bromide of sodium exerts a greater influence than any other of the bromides on the respiration and temperature, while in the combination this tendency is increased. In caffeine combination, of the five principal bromides, it has strongest hypnotic power. Bartholow regards sodium bromide as having least influence on the reflex faculty of the spinal cord, but in the combination it is in this respect not at all inferior to the potassium bromide.

I need not dwell on the physiological action of the combination, but two items are worth volumes, and must be mentioned, viz., it has no baneful gastric effects, and bromism is not readily produced.

Therapeutically, it deserves mention, that for cerebral disorders due to overaction—from nervous headache to delirium tremens, puerperal mania, and acute mania—it leads the bromide of potassium. In large doses, for tetanus, its results exceed those from physostigma. In epileptic, hysterical, and uræmic convulsions, it is no exaggeration to write it more valuable than the bromide of potassium. I prefer it in nervous diseases every time, be the characterization whatever it is—debility, excitement, or exhaustion, wakefulness, sick-headache, or spinal irritation. For rheumatism on the one hand, and for indigestion on the other, it is most serviceable.

In fine, I would use it wherever bromides are indicated as the bromide of bromides, placing full confidence in it as an agent potential to diminish the cerebral functions after a preliminary stage of excitement, and without any sequent stage of depression.

Dr. John Cochrane, of Lowell, Mass., brought out the fact that caffeine is a preventive of the depressing effects of morphia and the bromides. Dr. Garrod, combining caffeine and the bromide of sodium, did by it his notable work in menorrhagia. Dr. J. S. Jewell, as the result of years of experience as a specialist in nervous diseases, fixed upon the combination as a substitute for bromide of potassium, and, from his suggestion, William R. Warner & Co. prepare their bromo soda, which consists of bromide of sodium thirty grains, and caffeine one grain. It was my earlier custom to prepare the combination by prescription, but the bromo-soda is ready to the hand of any druggist, and is not only an elegant bromidial preparation, but is the combination, of which I write, in the right proportions, and possessed of perfection of efficacy.

THERAPEUTIC NOTES.

CHRONIC GONORRHŒA.

℞. Morphia sulphatis . . gr. ij.
Ext. geranii . . . . fʒss.
Aqua . . . . . ʒvj.
M. Sig.—Use as an injection every six hours.

FLATULENT DYSPEPSIA.

℞. Tinct. nucis vomicæ . . ʒj.
Spts. myristicæ . . . ʒss.
Spts. frumenti . . . . ʒiss.
M. Sig.—Teaspoonful after meals.

CONGESTIVE HEADACHE.

℞. Ext. aloes . . . . gr. vj.
Resinæ podophylli . . gr. iij.
Ext. colcynthi comp. . . gr. iv.
M. Ft. pilulæ No. xii.
Sig.—One pill every night.

GASTRALGIA.

℞. Tinct. belladonnæ . . ♏xl.
Spts. myristicæ . . . ʒss.
Spts. ætheris comp. . . ʒj.
M. Sig.—Teaspoonful every three hours.

CHRONIC DYSENTERY.

℞. Pulv. Doverii . . . ʒj.
Pulv. aluminis . . . ʒiss.
M. Ft. charta No. xij.
Sig.—One powder every four hours.

HÆMOPTYSIS.

℞. Sodii chloridi . . . . ʒss.
Magnesii sulphatis . . . ʒij.
M. Ft. charta No. viij.
Sig.—One powder every hour in water.

CHOREA.

℞. Strychnia sulphatis . . gr. ss.
Tinct. belladonnæ . . . ʒss.
Vini Portense . . . . ʒiiss.
M. Sig.—Twenty drops every three hours.

SCROFULA.

℞. Tinct. nucis vomicæ . . ʒij.
Acidi sulphurici dilut. . . ʒss.
Aqua . . . . . ʒiiiss.
M. Sig.—Teaspoonful, well diluted, four times daily.

PHTHEIRIASIS PUBIS.

℞. Acidi carbolici . . . gr. x.
Hydrarg. chlor. mite . . gr. xv.
Adipis . . . . ʒj.
M. Ft. ungt.
Sig.—Apply thoroughly to the part infested.

STERILITY.

℞. Tinct. cinnamomi . . . ʒss.
Tinct. belladonnæ . . . ʒss.
Tinct. cimicifugæ . . . ʒiij.
M. Sig.—Teaspoonful four times a day.

SCARLET FEVER.

℞. Tinct. veratri viridi . . ♏xij.
Quinia sulphatis . . gr. xxiv.
Syr. glycyrrhiza . . ʒj.
Syr. simp. . . . ʒij.
M. Sig.—Teaspoonful every two and a half hours.

PLEURISY.

℞. Tinct. opii . . . . ʒj.
Vini antimonii . . . . ʒj.
Elix. simp. . . . . ʒj.
M. Sig.—Teaspoonful every three hours.

ERYSIPELAS.

℞. Tinct. aconiti rad. . . . ʒss.
Ext. pilocarpus . . . fʒss.
Syr. simp. . . . . ʒiss.
M. Sig.—Teaspoonful every three hours.

WINTER COUGH.

℞. Sodii chloridi . . . ʒij.
Tinct. senegæ . . . ʒss.
Syr. scillæ . . . . ʒiiss.
M. Sig.—Teaspoonful every two hours.

WHOOPING-COUGH.

℞. Ext. belladonnæ . . . f♏iv.
Creasoti . . . . ♏vj.
Vini Portense . . . ʒiij.
M. Sig.—Teaspoonful every three hours.

INSOMNIA.

℞. Chloral hydrat. . . . ʒj.
Morphia sulph. . . . gr. ij.
Elix. simp. . . . . ʒij.
M. Sig.—Teaspoonful after supper and at bed-time.

CHRONIC CEREBRAL CONGESTION.

℞. Sodii bromidi . . . ʒss.
Ext. ergotæ . . . . fʒiiss.
M. Sig.—Teaspoonful every four hours.

MIGRAINE.

℞. Ext. ipecac . . . . fʒj.
M. Sig.—Twenty drops every half hour until vomiting occurs.

PERITONITIS.

℞. Tinct. aconiti rad. . . ʒss.
Morphia sulphatis . . . gr. iss.
Aquæ . . . . ʒij.
M. Sig.—Teaspoonful every two or three hours.

DIARRHŒA.

℞. Tinct. opii . . . . ʒj.
Tinct. capsici . . . ʒss.
Vini Portense . . . ʒiss.
M. Sig.—Teaspoonful every hour.

IRRITABLE BLADDER.

℞. Morphia sulphatis . . gr. ij.
Liq. potassæ . . . ʒss.
Aqua . . . . . ʒiss.
M. Sig.—Teaspoonful every two hours.

MENINGITIS.

℞. Tinct. veratri viridi . . ʒss.
Potassii bromidi . . . ʒss.
Aqua . . . . . ʒiv.
M. Sig.—Two teaspoonfuls every three hours.

CYSTITIS.

℞. Tinct. aconiti rad. . . ʒss.
Tinct. belladonnæ . . ♏xx.
Infusi tritici repens . . ʒvj.
M. Sig.—Tablespoonful every two hours.

MALARIAL NEURALGIA.

℞. Tinct. opii . . . . ʒss.
Quinia sulph. . . . . ʒss.
Syr. yerba santa . . . ʒj.
Syr. simp. . . . . ʒij.
M. Sig.—Two teaspoonfuls every three hours.

TONSILLITIS.

℞. Tinct. veratri viridi . . ♏xviij.
Tinct. guaiaci . . . ʒss.
Syr. simp. . . . . ʒj.
M. Sig.—Teaspoonful, in water, every three hours.

SPERMATORRHŒA.

℞. Spts. myristicæ . . . ʒss.
Strychnia sulphatis . . gr. ss.
Tinct. cinchonæ comp. . ʒij.
M. Sig.—Teaspoonful four times daily.

ANÆMIA.

℞. Tinct. nucis vomicæ . . ʒij.
Tinct. ferri chlor. . . . ʒij.
M. Sig.—Twenty drops, well diluted, after meals.

A GOOD TONIC.

℞. Tinct. capsici . . . . ♏x.
Tinct. calendulæ . . . ʒss.
Tinct. gentianæ comp. . . ʒij.
M. Sig.—Teaspoonful before meals.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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Philadelphia, Dec. 1887.

BUILDING UP A PRACTICE.

NO one disputes the immense benefit conferred by a liberal education, but there are few young physicians who realize practically the worldly advantage of that rare mental grace we call culture. A great deal is being said now-a-days about the preliminary educational requirements of the medical student. Earnest men of science, who have been hampered by their own educational deficiencies, unite with the long-suffering public, which has so often found itself at the mercy of ignorant professionals, to urge the necessity of a firmer basis for medical education. A man of the medical world, who encountered some one having the most poetic reverence for the profession, was heard to laugh and say: "Why, you have no idea how little some of these doctors know!"

It is not our purpose here to bring up the melancholy subject of professional shortcomings as such. We have spoken with perhaps dreary insistance upon this subject, and we hope our views are sufficiently well understood. It would be a proud day for us when the college doors were closed against all but men whose early education or subsequent industry had qualified them to grasp and assimilate the food they found within the college walls. But what we wish to speak of now is the preoccupation of mind which so often stands in the way of a young doctor's acquiring that general culture which is at once so agreeable and so advantageous. We are speaking now on the sordid basis of worldly advancement.

Beyond a doubt the first duty of a graduate of medicine is to project his studies into the realm of reality. A college course in medicine has after all barely qualified him to begin. He owes it to himself and his profession to spend all the time he can in observation and research. But it is only a few lucky fellows who can spring, as it were, *in medias res*, and have their hands full at the outset. Even when devoting themselves conscientiously to the pursuit of their highest opportunities, the average men find a margin of leisure on their hands; and it is of this we beg leave to speak.

The most high-minded physician is not—indeed, he *cannot* be—above the mean consideration of money. He wants to do his best for humanity and science, but he puts in a modest plea for himself. He must live, and he wants, if he can, to make money. There are none of us, consequently, who hold ourselves above the human weakness of suing for popularity. We set up the best establishment which we can; we go to live in a fashionable street and keep a fine turnout, which we can often ill afford; we go into society, if we can; we wine and dine and elbow each other for prominence in a way which sometimes brings a blush to the cheek of our own modesty and inner consciousness. But in the midst of all this, one of the greatest helps to ascendancy is often forgotten. The young physician counts his general education quite complete. He reads very few books which are not medical. He excuses his ignorance of current literature upon the ground of preoccupation, and the idea of *study* outside of his profession rarely occurs to him with any definiteness of purpose.

There never was a more serious mistake. We all want a lucrative practice—that is, generally speaking, a practice among the richer people, the "upper clasess," which are generally the most highly cultivated. There are some notable exceptions, but the rule will stand. These people are exceedingly fastidious. A man of coarse instinct, lacking in the culture which, however superficial, yet has the knack always to appear well, might be a giant in intellect and ability, yet he would not be tolerated by such a *clientele*. On the other hand, many a physician of mediocre talent, who decorated his mind and manner with the glittering graces approved by the world, has attained glorious ease and affluence. Occasionally, the two forces of intellectual power

and social tact combine. We have seen illustrious men of science suing for favor at the table and in the ball-room. The young physician from his "top-loftical" height, looks down scornfully upon such frivolities. He aims to move society by the force of his brain. Well, then, let him sit there no longer with his heels on his desk in strictly professional idleness. Let him get a book, a magazine, a paint-brush, anything that will develop his ideas and give him something in common with his patients, something to talk about besides ipecac.

We cannot presume to say what he had better do first; but, speaking at random, would it not be a great thing for him to acquire one or two languages? In the leisure hours of his first one or two years of practice, he might secure a knowledge of French and German that would not only serve as an attraction to the cultivated, but would enlarge the possibilities of his practice and open up avenues of scientific study which are closed to the common herd, Is he a musician? Has he a voice? Is he a reader? People are anxious to invite him everywhere. He is in requisition. He meets the lions of the profession socially. He attracts attention to himself, and the thing is done.

SECRETARY'S REPORT OF THE PENNSYLVANIA STATE BOARD OF HEALTH AND VITAL STATISTICS.

THE Third Annual Report of the Secretary of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania contains, among other things, a fitting memorial of the late President of the Board, Dr. Edward William Germer, whose distinguished services have been so highly appreciated by the profession. The Hon. David Engleman, M D., now occupies the President's chair. Further changes in the *personnel* of the Board include the appointment of Professor George G. Groff, Medical Inspector to the Board for the Northumberland District, the resignation of Mr. Rudolph Hering, sanitary engineer, and the appointment of Mr. Howard Murphy in his place, and the reappointment of Dr. McClelland as a member of the Board.

According to the secretary's report, the past year has been singularly free from wide-spread epidemics. The financial coöperation of the Legislature with the Board of Health in distributing additional precautionary circulars (concerning the means of avoiding typhoid fever, scarlet fever, diphtheria, trichinosis, and contagious and infectious diseases generally, and also concerning the hygienic care of infants) has produced very satisfactory results. The appropriation for the support of the Board has been continued, and authority conferred by Legislature for the printing of an enlarged edition of the Annual Report of the Board, as well as for the publication of a large edition of the Compendium of the Sanitary Laws of the Commonwealth, prepared by the Committee on Sanitary Legislation. A great advantage in the compilation of vital statistics has been gained by the passage of the bill for the incorporation and government of cities of the fourth, fifth, sixth, and seventh classes, in which there is an article authorizing the establishment of Boards of Health in all such cities. These bills, looking to the continuance of the work of the Pennsylvania State Board, were passed unanimously. Two others, introduced at the instance of the Board, (1) "to regulate the transportation and storage of dynamite," and (2) "to prevent the pollution of rivers, lakes, and other waters," were less fortunate. Three other bills were killed in the Senate, probably for economical reasons: (1) A bill providing for the compensation of county registration officers, prothonotaries, and clerks of Orphans' Courts for making returns to the Board; (2) a bill for the employment of an additional clerk in the office of the Secretary of Internal Affairs to receive and collate those returns; (3) a bill for the appointment of health officers of townships and counties who should act as registrars for births, deaths, and prevalent diseases. The failure of these three bills, which were framed to facilitate the collection and record of vital statistics, is unfortunate for the Board; but the secretary recommends a second trial with urgent persistence in securing the attention of the next Legislature.

The importance of establishing a more com-

plete quarantine in the Delaware River is reported to the Board with the recommendation that aid be solicited from the President of the United States, who has in his hands a reserve fund for such emergencies; and also the Governors of the States of Pennsylvania, New Jersey, and Delaware. It is suggested that a National Quarantine Station be established at the site of the present marine hospital on Pea-Patch Island. The secretary also suggests that the Board consider the propriety of calling on the surgeon-general of the marine hospital service to exercise his authority in the matter of notifying the consuls of infected ports, that emigrants from such points will not be allowed to land in this country until the infection is at an end in those cities.

Among the minor points, the Report calls attention to the absence of any law in Pennsylvania operating to circumscribe the disease known as glanders or farcy.

MEDICAL NEWS AND MISCELLANY.

DR. A. SYDNEY ROBERTS has removed to 131 South Fifteenth Street, Philadelphia, Pa.

DR. JAMES R. MONTGOMERY, of Buckhorn, Pa., was married on October 26th to Miss Daisy M. Harris.

DR. HENRY LEFFMAN has removed to the Cresson Chemical Laboratory, 413 Walnut Street, Philadelphia, Pa.

DR. F. A. HARRINGTON, of Buffalo, N. Y., has been appointed assistant to the Chair of Materia Medica and Therapeutics in the Medical Department of Niagara University.

OF INTEREST TO GYNÆCOLOGISTS.—A North Carolina paper of recent date states that a surgeon of that State once acquired a great reputation by successful amputation of a negro's leg; so other jealous surgeons naturally took to cutting off negroes' legs. If a negro had a sore on his heel, his leg came off. If he had rheumatism, his leg came off. If he broke his leg, it came off. If he sprained his ankle, his leg came off. If he stumped his toe, his leg came off. From 1814 to 1820 it was as common to cut off a negro's leg as it is now to give quinine for malarial manifestations.

DECORATED BY THE SULTAN.—Dr. Morris H. Henry, of 581 Fifth Avenue, has recently received from M. Mavroyeni, the Turkish Minister at Washington, the decoration of Commander of the Medijie for distinguished contributions to medical and surgical science. Some years ago Dr. Henry discovered a method of treating diseases of the veins, and especially those which incapacitate men from military services.

Vein diseases are very common in Turkey, and until the adoption of Dr. Henry's invention large numbers of the Sultan's subjects escaped military duty because of them. The decoration is a gold cross surmounted by a crescent and a star, and is to be suspended around the neck by a red ribbon edged with green.

Three years ago Dr. Henry received from the King of Greece the golden cross of the Saviour, the only decoration given by the Greek government. His Turkish decoration is the same as that presented by the Sultan to Congressman S. S. Cox and General Lew Wallace. who were United States Ministers at his court.—*New York Herald.*

CONSERVATIVE GYNÆCOLOGY.—Who can begin to enumerate the number of cases in which the abdomen has been opened for supposed ovarian disease, when not a trace of anything pathological was discoverable? Who will write the history of the cases in which perfectly healthy ovaries have been removed, as an offending cause, without one shadow of improvement in the general condition of the patient? A human life mutilated, deprived of its distinctive characteristics, and rendered miserable? A human life poised between earth and heaven to gratify the bad diagnosis, faulty pathology, or personal conceit of an irresponsible practitioner! A human life sacrificed to ambition upon the operating table! Do you wonder, in the face of the grinning, horrid, damning facts, some of which are of record, and a host of which hide their ghastliness in dark places, that there should go out throughout the land a cry for conservatism? Can you, even in the halo of your own success as an abdominal surgeon—a success which is deserved, and which the world recognizes—can you for one instant look through statistics as a whole, and not bewail the growing tendency to cut a woman up?—W. THORNTON PARKER, M.D., *Annals of Gynæcology.*

950 HAMILTON AVE., ST. LOUIS,
December 5, 1887.

EDITOR MEDICAL BULLETIN:—

In the MEDICAL BULLETIN for November, I notice a paper from Dr. E. Chenery, entitled "Be Sure of Your Facts," which is all very well in its way, except that the doctor as well as the author of the paper which he criticises, has overlooked one important fact, which I am satisfied has also been overlooked by a good many physicians, and perhaps some pharmacists.

The fact to which I allude is this, that one-eighth ounce bottles of morphine or other drugs are not expected to contain sixty grains.

The system of weights and measures known as the "apothecaries," and which has four hundred and eighty grains to the ounce, is used only in compounding prescriptions, while drugs are sold by the manufacturers and dealers by avoirdupois weight, in which the ounce contains but four hundred and thirty-seven and one-half grains. Accordingly one-eighth ounce of morphine, as sold by the manufacturer, contains but a trifle more than fifty-four and one-half grains.

Yours, respectfully, E. M. NELSON.

POTENTILLA IN NIGHT-SWEATS.—I desire to call the attention of the profession to a vegetable remedy, native to our soil, for that troublesome accompaniment of wasting diseases, night-sweats. Atropine is a good remedy, and in the majority of cases answers the purpose; but atropine is a very strong medicine, and must be used with great care. A simpler medicine, answering the same purpose, would certainly be better. King recommends it, but I did not get it from him; I got it from an old negro,—from the same source that the profession got gossypium. The remedy is one indigenous to the whole country; it is therefore within the reach of us all, it is the cinquefoil, potentilla canadensis, called by some botanists potentilla sarmentosa. I have stopped night-sweats with it when atropine failed to relieve. It is pleasant to take; when drawn it has an agreeable odor, much like table-tea. The manner of preparation is to pour boiling water on a handful of the vine, leaves, and root Let the patient drink *ad libitum*.

A supply can be obtained through the Southern Purchasing Agency of Messrs, Parke, Davis & Co., Charlotte, N. C., or through Messrs. Wallace Bros., Statesville, N. C., or, if not too busy, about your own homes. I hope that some manufacturing chemist will (should I be found to be correct in my estimate of it) give to the profession a fluid extract of the root and plant.—DR. SANSOM POPE, *Therapeutic Gazette*.

A DESPERATE CASE.—On the night of February 26th last, I was called to consult with Dr. Dayton of Bay Village in a case that might have nonplused, for the time being, any of our leading medical men. The patient, Mrs. C—, æt. 30, had been seized twelve hours previously with uterine hemorrhage, which soon made its appearance from all of the mucous surfaces, viz., mouth, gums, nose, lungs, and kidneys, and later the skin. The patient was found bordering on collapse, blood almost as thin as water, pulse weak, and heart-action irregular. Was informed that iron and ergot had failed to accomplish any good results. I at once tamponed vagina. Found liver tender and spleen enlarged, and ordered an eight by eight cantharidal plaster on that region.

This, with ferri. sub carbonas, quinia, ergot, digitalis, eggnog, and last, but not least, sweet milk *ad libitum*, composed the treatment. The blister, though a desperate remedy, brought back or aroused the weakened nerve-force and stimulated the vaso-motor system to its work, and soon what a change! The heart caught up the signal and went to work with a will; the life fluid returned to its natural channel, and the woman slept like a weary child.

Recovery was somewhat slow, the hæmaturia not ceasing for several days.—L. H. DAVIS, M.D., *Mississippi Valley Medical Monthly*.

THE ALUMNI CRITICISM.—It appears that the suggestions offered by the Executive Committee to the authorities of Jefferson Medical College, as reported in the Register for October 22d, were not well received. The committee and all alumni of the college are considered to be entirely out of place in interfering, or even making any suggestions. Those interested in shaping the course of the college are said to be no little indignant that such resolutions should have passed and appeared in print. The students of the college were at once summoned by some one to hold a meeting and take some course of action, but when the matter was brought to their attention, they refused to act. The Executive Committee were next hastily called together, and from report, were asked what they meant by leaving out or making public resolutions criticising the college. As will be seen in the published account, taken from the *Philadelphia Press*, no one could be found in the committee who would acknowledge giving the information and the resolutions to the Medical Register. The truth and the action of the committee in criticising and virtually censuring the governing powers of Jefferson Medical College came out, notwithstanding all the precautions taken to keep it a secret. An investigating committee has been appointed to examine every one around the college, and find out who is giving away confidential matters of the institution. As yet the committee have not called upon the Medical Register to investigate a most simple matter, how we obtained our news. The information was all-important to the profession, as it may be the means of stirring up the college authorities to the demands of their alumni for higher medical education.—*Medical Register*.

HOW FOREIGNERS RECEIVED ADVANCED IMPRESSIONS OF THE NINTH INTERNATIONAL MEDICAL CONGRESS.—We have been asked to produce some of our evidence upon men who traveled through Europe writing and speaking against the American Medical Association, the practitioner of medicine, and the Congress. We append a letter showing the means resorted to in one instance to destroy the reputation of men who are above reproach in this country:—

LONDON, August 2, 1887.

MY DEAR DOCTOR,—I wrote you a few days ago, mentioning incidentally International Congress matters. Since then I have been given to understand that the physician's name referred to was Dr. Mears, of Philadelphia. I have learned further from Dr. Prather, of Arkansas, and another, that Mears has been following in the wake of Dr. Allen—Secretary, I believe, of the Surgical Section of the Congress—and had induced a number to change their minds, on false representations. For instance, Annandale of Edinboro', told my friend Prather, last week, that he had contemplated going and would like to go, but his friends in America were opposed to it, and had advised him that it was being run by irregulars, at least not by the representative men of the profession. Also, that it was dangerous to be exposed to the Washington malaria at that season. Now it being the first time that I had heard of the American Medical Association being composed of "irregulars," it staggered me a bit; and as I have a local pride in the nation's capital—my own matchless city—I did not hesitate to "deny the allegations, and denounce the alligator."

This is a sample of the methods of the opposition that have come to my knowledge, which may be worth your while to know.

Very truly,

(Signed) J. F. HARTIGAN.

LITHOPÆDION.—Dr. W. H. Fales, of Boston, Mass., has contributed a valuable paper to the Annals of Gynæcology, upon the rare formation known as lithopædion. The term lithopædion, which literally means stone child, has been applied indiscriminately to cases which were evidently those of mummified fœtuses, or examples of adipocerous transformation, and not true lithopædion. The latter term, as pointed out by Dr. Fales, should be restricted to cases of extra-uterine fœtation, and to those few cases of intra-uterine fœtation where, through either accident or disease the products of conception are dislodged into the abdominal cavity, in which the fœtus is then retained, and its tissues become the seat of a deposition of lime salts. The steps by which this change is effected, briefly stated, are an absorption of the watery constituents, a fatty and colloid degeneration of the morphological elements of the fœtus, resulting in a mortar-like (*mörtelartiges*) mass, composed of the phosphate and carbonate of lime, cholesterine, and blood-pigment, which, still retaining the shape of the fœtus, gradually lessens in size, becoming dryer and more pultaceous. It is a calcification, and not an ossification. A full and rounded result of these changes is rarely seen, as years are necessary to their completion. But some of the fœtal appendages respond either easier or earlier than others, and here may be found, even after the lapse of a comparatively short period, evidences of calcification; such must be found before the term lithopædion can be properly applied. The literature on this subject is scanty. Dr. Fales has collected notes of eleven cases by European observers during the past century, but has been unable to find any record of the occurrence of similar cases in America, previous to the one which is the subject of his paper. The patient was married in 1844. She became pregnant in April, 1847, and was delivered of a healthy child in January, 1848. In January, 1856, she became pregnant again, as events proved, although her condition was merely surmised, as menstruation continued, with more or less irregularity, throughout her entire pregnancy.

Early in March, while visiting friends, she suddenly fainted, and, on regaining consciousness, vomited freely and complained of intense epigastric pain. There was no discharge from the vagina. The following day she rode home, a distance of four miles. Directly after this she had three attacks of "inflammatory fever," characterized by abdominal pain, excessive tympanites, and uncontrollable nausea and vomiting. During one of these attacks an abscess formed just above the pubes, which opened, but did not discharge much, if any. Counting from the middle of May, when fœtal movements began, October 1st would be the probable date of confinement. About that time the physician was summoned, not on account of labor-pains, as she never had them, but on account of excessive and painful movements of the child. These were always very marked, and caused her the utmost inconvenience. As she expressed it, she felt more life with this child in two hours than during her entire previous pregnancy. October 13th the physician was again summoned for the same reason as before. At this time "something was rubbed on the abdomen," after which the movements grew less and less, and finally ceased. For the following ten years she was an invalid, though nothing very explicit could be obtained as to her condition. She was generally miserable, and had a number of attacks of abdominal pain at irregular intervals, sometimes accompanied by icterus. During this period the tumor very gradually decreased in size, finally remaining stationary, and causing no trouble other than a feeling of weight when standing or walking too long. Her health was fair until 1883, when a malignant growth attacked her larynx, which eventuated in her death, December 24, 1886. The autopsy was performed December 26, 1886, Drs. Bill and Metcalf assisting. The body was very much emaciated. The abdominal tumor was apparently situated in the median line, with its most prominent point at the umbilicus, but on

palpation it was found to extend downwards and to the left. On making the incision it was found to be adherent to the abdominal walls, and it seemed as though it would have soon made its way through, either from pressure or ulceration, so thinned had the structures become at the point of its adherence. Its position may be best described by borrowing the obstetric expression, sacrum, left anterior, though it was entirely out of the pelvic cavity, the base of the skull being on a level with the umbilicus. It was almost lying loose in the abdominal cavity, the only points of attachment being the one just referred to, to the abdominal wall; what was probably the umbilical cord, and some small adhesions to the intestines. These were ranged round the tumors, none in front of it, and were one mass of adhesions, forming, with the abdominal wall, a cavity, as it were, containing the tumor. The umbilical cord (?) passed directly downwards, inclosing the uterus, and then gradually fading out into the peritoneum. Nothing that would answer for a placenta, or the remains of one even, could be found. Roughly speaking, the parts of the fœtus were normally disposed, the thighs and arms being flexed on the abdomen and chest respectively. The left leg was rotated slightly outwards, as well as extended, and the forearms, instead of being crossed, were more or less parallel with the long axis of the body, the hands being placed well up beside the head. The tumor weighed two and three-quarter pounds, was eight and one-half inches long, and twelve and one-quarter inches in circumference. The cross-section showed it to consist of a fœtus and its envelopes, the process of calcification being especially marked in the membranes. The uterus, Fallopian tubes, and ovaries were also removed, but furnished no points of importance. The autopsy suggested an extra-uterine pregnancy of the abdominal variety; but the history pointed rather to one of the tubal variety, primarily.

THE MEDICAL SOREHEAD IN THE SECULAR PRESS.—We had supposed that the last "kicker" on the Congress question had been heard from, but we notice that some of those persons, who discovered a short time since that the world could move without them, and that the physical impression caused by their presence in this otherwise fortunate sphere was about the same as that produced by sticking a finger into a puddle of water, still stalk about like some uncanny thing, seeking a disturbance wherewith to solace their chagrin.

It is deplorable that medical soreheadism could not be confined to the medical journals—there are enough of them—but it seems that the sorehead is not content with the columns of the sympathetic medical organs, which have always been open to him, but has called to his assistance the secular press. The Medical Register boldly charges that the Philadelphia Daily Press accounts of the Congress were written by I. Minis Hays, editor of the Medical News. Chicago has had a similar experience. The following editorial from the Chicago Daily News is of great interest:—

On the first day of the Medical Congress in Washington the telegraph announced that President Davis delivered a eulogy on the memory of the late Dr. Austin Flint, of New York. Yesterday, however, the same telegraph reported that President Davis "introduced Dr. Austin Flint, LL.D., of New York, who proceeded to read his paper on fever." We are further informed that the paper was "largely of a technical character, and was listened to with profound interest." It is not at all remarkable that the members of the Medical Congress were profoundly interested in a paper read by an eminent scientist whose memory they had been eulogizing the day before. That Dr. Flint should return from another world to read a paper "largely of a technical character," conclusively shows the enthusiastic interest which he takes in the present great gathering of the world's doctors.—*Chicago Daily News*, September 7th.

Having demonstrated conclusively by this editorial that he knew nothing of the affairs of the Congress, and less than nothing of the representative men of the medical profession, and having waved his own ears to his satisfaction, ye editor becomes the mouthpiece of some jealous brother who could not creep into the fold, and discourses profoundly upon "saddlebag-doctors" as follows:—

Triumph of the Saddlebags.—With possibly a dozen exceptions all told, the twenty-seven hundred and fifty delegates to the Medical Congress, which has just adjourned, in Washington, comprised as choice an assemblage of professional nonentities, domestic and foreign, as could well have been gathered together. The illustrious and eminent members of the profession were conspicuous by their absence. But the backwoods surgeon and the saddlebags doctor were out in great force. They were there as became a democratic country—on the principle of geographical distribution.

The cowboy graduate from Texas, the calomel-and-quinine practitioner from the malarious Mississippi, the cross-roads doctor from Posey County, together with a few notoriety-seeking individuals from more favorable environments in the east, packed the New Orleans meeting of the American Medical Association last year, voted each other into offices and chairmanships, and run the Congress very much as they would a ward primary. On the death of the venerable Dr.

Austin Flint, Sr., whom the original provisional committee had nominated for president of the Congress, a Dr. Shoemaker, of Philadelphia, made a bold push for the presidency by warmly championing the geographical distribution theory. To demonstrate his fitness for the place he procured a delegateship to the meeting of the British Medical Association, before which body he read a paper on "Pond's Extract!" The shouts of Homeric laughter which succeeded to the first feeling of disgust on both sides the Atlantic effectually squelched Shoemaker. But the *rôle* of Bottom was subsequently more than filled by the supervising surgeon-general of the marine service—one Dr. John B. Hamilton—whose fine large ears have waved conspicuously in Washington during the last week.

This bumptious backwoods Pilgarlic, in attempting to discharge the functions of "secretary-general," managed to involve the foreign delegates in various unpleasant complications, owing partly to his ignorance of any language but "United States," but mainly to his natural and acquired limitations. He was quite at home with the delegate from Arkansas, but something out of place with the visitor from Rome, Berlin, or Paris.

The Ninth International Medical Congress, however, was a great triumph for the saddlebags doctor—*Chicago Daily News*, September 12th.

It is hardly necessary to make further comment upon these editorials, inasmuch as the first shows a complete ignorance regarding the subject in question, and thereby effectually squelches the second.

Exactly why the Daily News is so evilly disposed towards the "saddlebags doctor" is difficult to conjecture, unless it be that one of these same good "saddlebags" brought its editor into the world, in which case the "cross-roads doctor" has had fully as much cause to be ashamed of his part of the transaction as ye editor.

We would advise the Daily News to confine its attention in the future to its own legitimate field—the ball game—and leave medical matters to those who can handle them with at least common courtesy, if not with intelligence.—*Western Medical Reporter.*

A Country Practitioner's Opinion of the Congress.—It may not be altogether out of place for a country doctor, away down South, to offer a few reflections with regard to the late International Medical Congress, and, in doing so, voice the sentiment of a large proportion of the rank and file of the great army of common doctors—the lesser lights of our profession.

In attempting to do so the writer feels a little embarrassed, because, as a rule heretofore, the country doctor has been held by his city *confrères* somewhat in the same light that the Jews held the dwellers in Nazareth: "Can there any good thing come out," etc.

Nevertheless, Mr. Editor, from its inception to its grand consummation, the writer hereof has, all the while, been an anxious observer of all the workings and issues pertaining to the said Congress, and all the time his warmest sympathies have been involved for, and his heart and hand given, in an humble way, to work for its success.

It did seem at one time that the medical politicians of New York and your own city would succeed in blasting any hope of ultimate success, even moderate success.

How signally they failed finally is now patent to all, a thing of history and a source of rejoicing to every patriotic American physician.

But, Mr. Editor, there is scarcely in nature a bitter but that which has its sweet, scarcely a thorn but has its rose, scarcely a night but has its many, many stars.

The bitter opposition to the organization of the Congress, and to its final success, by the rule or ruin party, was not altogether unfruitful of good.

It has developed many things which, without it, would probably have remained dormant for many years to come—indefinitely.

It has shown to the world that there are many vain men in the profession of medicine who may be easily duped on account of their vanity. Not wishing to be considered one of the common herd, but, imagining that they were one of the men—moving in a favored circle—something extra—and in response to and compliance with communications flattering to their vanity, they declined to have anything to do with the organization. Some resigned even after having accepted positions of honor.

We have one or two in Georgia, but wisdom will not die with them.

There are not a few "me too" Platts in medicine as well as in politics.

It has developed the fact that all medical wisdom and scientific lore is not stored up in Boston, New York, and Philadelphia.

It has shown that there is an immense amount of inherent strength in the profession as a whole.

It has proven, beyond a cavil, that Mr. Jno. S. Billings was suffering of mental myopia, of a malarial type, when he made his celebrated speech in England.

It has shown that the great West is quite able, with all its "rowdyism," to stand alone, and that the sunny South can, of itself, make a pretty fair International Medical Congress!

One medical editor in your city has said, "But the circumstances were not favorable to the highest and most complete success," and after speaking of what was auspicious, adds: "However, the University of Pennsylvania and the Jefferson Medical College were not represented,

and but one of the colleges of New York City." Further on: "The Congress was somewhat like the play of Hamlet without the Prince."

This only shows what a wonderful country is ours; for, if the "respectable farmers and undertakers" (Philadelphia Press) of America were competent to offer such elaborate and profound scientific papers and contributed to and made the Congress such a success, what would have been the result if the doctors had gone?

My! my! my! Mr. Editor. The world would have been electrified and astonished beyond measure—yea, beyond what it would have been able to bear.

But, seriously, our modern Greek needs no skulking Achilles in order to capture Troy. No Prince is needed in the democratic play of scientific research.

But the Princes of the science of medicine, if there are any Princes, were there, and that is where the rub came with the little ones—they were not able to keep the Princes away.

Indeed, Mr. Editor, with Henry H. Smith, Austin Flint, Henry O. Marcy, Lewis A. Sayre, W. H. Pancoast, J. W. S. Gouley, Nathan Bozeman, Wm. T. Lusk, Wm. B. Atkinson, R. J. Dunglison, E. O. Shakespeare, Henry Formad representing the North; Nathan Smith Davis, I. N. Love, Augustus C. Bernays, C. H. Hughes, De Laskie Miller, and many others, of whom it would seem invidious partiality to mention some names and not other, representing the great West; James McF. Gaston, W. T. Briggs, Joseph Jones, Dudley S. Reynolds, S. R. Jackson, Thomas S. Powell, F. E. Daniel, A. W. Calhoun, Jerome Cochran, and quite a number of others, representing our own sunny land; not to mention at all the vast array of trans-Atlantic intellectual giants, men whose names are known wherever the science of medicine has a place—how could "the circumstances have been more favorable to the highest and most complete success?"

Now that the Congress has become a thing of the past its real success, in a scientific point of view, can be appreciated only by a perusal and study of its "Transactions" when they shall have been published.

Doubtless it will not require the aid of an expert to discover that there is much chaff along with the wheat, and those who expect to find nothing but sound, solid grains will be as much disappointed as he who expects to find nothing but that which is new.

The visionary idealists are not yet all dead; and there is not a great deal in medicine that is absolutely new—it would take scarcely six days to read and discuss it.

There are quite a number of us who would be much benefited by a careful study of the older masters.

Modern etiologists have lost sight of every factor in the product of any morbific process, except the immortal bug. Bacterial pathology seems to have affected our later-day medical scientists somewhat in the same manner that much learning did Paul, according to Festus.

But this doubtless will have its day and pass away, or be greatly modified.

"Wherever the carcass is, there will the eagles be gathered together," is a scriptural truism, applicable to current pathological theory.

It would be highly unreasonable for us to suspect, because we find innumerable quantities of maggots in a piece of putrefying flesh, that the maggots caused the putrefaction. It would be far more reasonable to suppose that the maggots were there simply because the flesh was dead and decomposing, and because putrefying flesh is a natural *habitat* for maggots, both as a nidus for propagation and a pabulum for sustentation and development.

I challenge any pathologist, although a country doctor I be, to find a healthy, thriving bacillus in any living, healthy tissue.

Permutation is characteristic of medicine, and has been since the days of Hippocrates, and that time may come in our own day when that which is now newest in etiology and practice will have been relegated to the realms of Galenic pathology and phlebotomical therapeutics.

But enough for the present. At another time, by your permission, Mr. Editor, the writer will contribute some observations, clinical and therapeutical, as seen in the country, and noted by a country doctor.—A. C. DAVIDSON, M.D., *Med. Reg.*

BOOK REVIEWS.

A Manual of the Physical Diagnosis of Thoracic Diseases. By E. DARWIN HUDSON, JR., A.M., M.D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo, 162 pages. Nearly 100 illustrations. Muslin. New York: William Wood & Co. Price, $1.50.

This little work is a thoroughly practical one, and is written in a very concise yet clear and readable style. The author has succeeded in his aim, which, we are told, was "to condense the matter as much as possible, and dispense with all that was not absolutely essential," for, from cover to cover, there is scarcely a superfluous word, indeed, at times, we could almost wish the author had not been so concise in his statements. A feature of the work is the arrangement of the thoracic diseases; a brief synopsis of each disease is given, and, what is unusual in works of this character, this is made to include not only the physical signs, but also the complete history of the disease with its treatment. The illustrations, with the exception of two or three,

are very good. Altogether it is a book which can be confidently recommended to students, and is worthy of the attention of practitioners as well.

Differential Diagnosis: A Manual of the Comparative Semeiology of the more important diseases. By F. DE HAVILLAND HALL, M.D., Assistant Physician to the Westminster Hospital, London. Third American edition. Edited by Frank Woodbury, M.D., Professor of Therapeutics and Materia Medica and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia. Cloth. 8vo., pp. xi–255. Philadelphia: D. G. Brinton, 1887.

Originally published as a "Synopsis of the Diseases of the Larynx, Lungs, and Heart," the manual has passed through two successive revisions at the hands of the American editor, and presents now, from an intellectual standpoint, all the features of a medical gymnasium. Older practitioners will view it as an acceptable guide in the differential diagnosis of intricate cases, while the younger members, who aspire to successful work will find it convenient, complete, and an almost indispensable reference book for frequent consultation and study.

It comprises seven sections, or chapters, as follows: Fevers, diseases of the blood, the nervous system, the respiratory apparatus, the circulatory apparatus, the digestive system, the urinary organs; and in bringing the information down to the latest date, we find evidences of the best judgment, the chapter on diseases of the blood being particularly interesting. Indeed, the frequent references to current literature lead us to infer that it is more American than English. A summary of the methods for detecting tubercle baccilli is given, and the features belonging to scrofulosis, tuberculosis, inherited syphilis, rheumatism, rickets, gout, anæmia, rheumatoid arthritis, leukæmia, pyæmia, and septicæmia have been carefully compiled, showing that the writings of the best authorities have been studiously investigated. No one who has not undertaken work of this kind for himself, can have any adequate idea of the time and care required to present such an accumulation of varied views and facts in one symmetrical whole, and the American editor is to be congratulated upon the thoroughness of his work. The other chapters are equally well written, and the work commends itself, by reason of its comprehensiveness and brevity. It may be regarded as a guide-board to the preliminary investigation of the different diseases.

Surgery: Its Theory and Practice. By WILLIAM JOHNSON WALSHAM, F.R.C.S., Assistant Surgeon to, and Demonstrator of Surgery in, St. Bartholomew's Hospital; Surgeon to Metropolitan Free Hospital, London, etc. Cloth, 8vo., pp. ix–655. With two hundred and thirty-six illustrations. Philadelphia: P. Blakiston, Son & Co., 1887.

For reference, Walsham's practical surgery is a book to be spoken of with pleasure. That is the first impression one gets from a cursory examination, and further investigation is not disappointing. Its scope is somewhat beyond that of the ordinary manual, because more extended and complete, and yet it does not enter into competition with the more exhaustive works on surgery. It aims to occupy a position midway between the pretentious manual and the cumbersome system of surgery, and its general character may be summed up in one word—practical. This practical character is one of the marked features of the author's work, whether you look into his instructions for the antiseptic treatment of wounds, or his novel diagrammatic illustrations of the healing process, of the progress of inflammation, of suppuration, and abscess. It is evidently the work of a conservative surgeon, who has had these principles firmly impressed upon his mind by long-continued hospital practice.

The reviewer would suggest that the few pages devoted to "obstruction of the bowels," if well understood and practiced, by those who do not stop to consider the evil effects of purgatives, would be the means of saving many lives.

There is a chapter devoted to general pathology of surgical diseases, and one to the pathology of injuries; another is given to injuries of special tissues, and section four to diseases of the special tissues. Section five takes up injuries of regions, and section six diseases of regions, and with the exception that no reference is made to the surgery of the eye and the ear, the work may be said to be remarkably complete. Its value is materially enhanced by an elaborate and copious index of seventeen pages, in which we have noted twenty-nine references to abscess, forty-two to aneurisms, and to hernia thirty-five.

A Complete Handbook of Treatment. Arranged as an alphabetical index of disease. By WILLIAM AITKEN, M.D. (Edin.), F.R.S. Edited with Notes and Additions. By A. D. ROCKWELL, A.M., M.D. New York: E. B. Treat, 771 Broadway, 1887.

Dr. Aitken has given to the profession a most comprehensive book, arranged in a most concise way. It embraces all the essential parts of the chapters on treatment from "Aitken's Science and Practice of Medicine," with all the recent additions made use of in practice. The author, after briefly defining each disease, at once enters into a most thorough description of all the most accepted methods of treatment.

One of the most important affections considered is the treatment of cholera. Dr. Aitken recognizes three periods to be provided for in the treatment of cholera: (1) The period of diarrhœa, which so frequently precedes cholera; (2) the algid period, or collapse; and (3) period of reaction. He further adds, the first stage of cholera is curable and preventable. Opium is recommended as the effectual remedy to cure the premonitory diarrhœa.

Dr. Aitken, in speaking upon the treatment of acute rheumatism, included two indications that should be considered by every practitioner, namely: "1st, provide for the acute attack; 2d, manage the system as regards those conditions of the life of the patient which may have been found to contribute to the constitutional development of the disease."

COMMERCIAL NEWS.

The Best Tonic.

For convalescents, especially females, and for all patients suffering from enfeebled digestion, a mild tonic stimulant, one that contains just enough alcohol to stimulate the gastric follicles, and is at the same time nutritious in itself, would seem a most desirable remedy for routine use in every physician's practice, provided such a remedy is palatable enough to insure its continued use, and cheap enough to make it available for all classes of patients.

Just such a preparation it is claimed is the concentrated liquid extract of malt and hops, which is now offered to the profession under the name of The "Best" Tonic, which has recently appeared on sale in most of our drug stores.

A trial will convince as to its palatability and price, and the certificate of analysis by Prof. E. G. Love, of New York City, seems to give unquestionable evidence of its therapeutic value, and it only remains for this new remedy to endure the crucial test of clinical experimentation to take its place among the many really valuable proprietary remedies now so extensively prescribed by the profession.

The following is the analysis referred to:—

Specific gravity at 60° F.	1.0262 per ct.
Total solid matter	8.510 "
Alcohol by weight	4.714 "
Maltose	2.983 "
Dextrin	3.543 "
Nitrogen	0.097 "
Equivalent to—	
Albuminoids	0.618 "
Glycerine	0.215 "
Hop ext., coloring matter, etc.	0.930 "
Acetic acid	0.057 "
Lactic and succinic acids	0.116 "
Ash	0.225 "

E. G. Love, Ph.D.

Handsome Calendar for 1888.

One of the most exquisite pieces of engraving that we have been privileged to see recently, is the Calendar issued by Doliber, Goodale & Co., of Boston, the manufacturers of "Mellin's Food."

It is not disfigured with advertising matter, and would be an ornament in the best furnished physicians' offices.

It will be sent to any of our readers on receipt of ten cents in stamps. Send for it, and say you read this journal.

Tasteless Quinine.

By using tannate of quinine, and combining it with chocolate, the Messrs. Wm. R. Warner & Co. have succeeded in making an elegant quinine tablet, containing either one or two grains of quinine, so prepared as to thoroughly cover the bitter taste of the drug, and make the preparation almost as palatable as a chocolate confection. They are specially serviceable when prescribing quinine for children. They are made of pure material, and are of full weight.

Shipment of Orange Wine to Europe.

The first shipment of Orange Wine to Europe was made October 26th by the Florida Wine Co., on steamship Indiana from this port, consigned to Dr. Galton, Chunam Sylvan Road, Norwood, England. The order was given at Ninth International Medical Congress at Washington, in September.

A Few Notes on Malt Extracts.

The specific effect of the malting of grain is to transform by the process of germination a proportion of the starch into dextrine or soluble sugar. These changes are effected by the agency of a peculiar nitrogenous ferment, diastase, which exists in the grain, but which is increased in amount during germination. As the Genuine Johann Hoff's Malt Extract contains the free diastase in an unconverted form in solution, its use, in cases where the saliva and pancreatic acid fail to act on the starchy foods, is plainly indicated and followed by marked results. As this extract is neither solid nor syrupy, it needs no admixture of milk, is pleasant to the taste, and can be retained by the weakest stomach.

The following is an abstract from the work on pulmonary diseases published by Prof. Prosper de Pietra Santa, of Paris:—

"For several years Johann Hoff, of Berlin, has manufactured a liquid malt extract, which the medical profession have used with beneficial results because of its great dietetic properties. This malt extract has remarkable nutritious action, both tonic and invigorating, and has proved to be of great value in chronic diseases, producing contractions of the muscles of the digestive organs. As an aid to digestion it is wonderful in building up lost power. The renowned practitioners of Paris—Blache, Guineau du Mussy, Pidaux, Fauvel, Empis, Danet, Robert de Latour, Bouchet Piorry, and Tardieu—highly recommend this pleasant remedy in restoring weakened digestion. My personal experience leads me to confirm the praise which Prof. Laveau expresses in the following words: 'As a large number of patients lack the necessary power to digest solid food, and would through the use of stimulants be merely excited and weakened, therefore I regard it of immense value to the practitioner to bring to his aid a nutritious tonic and remedy like the Johann Hoff's Malt Extract, which will act not only as a tonic but as a nutrient as well, and which is less exciting than wine as a stimulant.'"—*Exchange.*

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